

The Fell Runners Association Ltd  
**JUNIOR RACE ENTRY FORM**

**Race Number:**

Race: **HUTTON ROOF CRAGS (Min age 6. Max Age 18.)**

Full Name: \_\_\_\_\_

Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age today: \_\_\_\_\_ Age on 31/12/19 \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**Category (Please circle below as appropriate) Based on age on 31/12/19**

BOY: U9B U11B U13B U15B U17B U19B

GIRL: U9G U11G U13G U15G U17G U19G

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Accompanying Adult/Emergency Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_ Vehicle Registration: \_\_\_\_\_

- I accept the hazards inherent in fell running and acknowledge that my child is entering and running this race at their own risk.
- I confirm that I am aware of the rules imposed on my child by the Race Organiser and that they will comply with them.
- I confirm that I have read and my child will comply with, the "Fell Running - Requirements for Runners".
- I acknowledge and agree that I am responsible for determining whether my child has the skills equipment and fitness to participate in this event.
- I accept that neither the Race Organiser nor the Fell Runners Association shall be liable to me for any injury, loss or damage of any nature to them or their property arising out of my participation in this race (other than in respect of death or personal injury as a result of their negligence).
- I consent to publication of my child's name, club, race category, race number, finishing time and race position in race pre-entry and results lists.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Legal Guardian** (signature not required if valid Parental Consent Form presented)

Phone No. (if different from Emergency Contact above) \_\_\_\_\_

**Parental consent confirmed by (please tick as appropriate):**

Not required if 18 on the day.

Race Entry form :

Parental Consent Form

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