Name: Enter full name here.

D.O.B: Enter DOB here. Age: Enter age here.

Address: Enter address including locality here.

Postcode: Click here to enter.

Contact no: Include area code. Email: Click here to enter.

Please detail any relevant medical conditions: Click here to enter- if none please enter “not applicable”.

(Please bring any medication/inhalers with you each day)

**PERSON TO CONTACT IN AN EMERGENCY:**

Name: Click here to enter text. Relationship to applicant: Click here to enter text.

Address:Click here to enter text. Postcode:Click here to enter text.

Tel. Home:Click here to enter. Work:Click here to enter. Mobile:Click here to enter.

Photography may be taken for promotional purposes. If you do not wish your photograph to be taken please tick box Choose yes or no.

I consent to emergency medical treatment being given if deemed necessary during the course of the activities. I have read and agree to the terms and conditions of entry:

Name (please print): Click here to enter text.

Signature: Date:Click here to enter text.

**Please now print this form and bring with you to registration on the 7th March between 6pm and 8pm alongside the £20 registration fee.**