

# **Stotfold 5K Challenge – Sunday 11<sup>th</sup> June 2017 – Entry Form**

Please select entry type:

<b>Adult</b> £10	<b>Under 16</b> £5	<b>Over 60</b> £5
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<b>First name</b>	<b>Surname</b>
<b>Male / Female</b> (delete as appropriate)	<b>Date of birth</b>
<b>Address</b>	
<b>Email</b> (parent's email if under 16)	<b>Team or club</b>

<b>Emergency contact name</b>	<b>Emergency contact telephone</b>
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## **Declaration**

Please accept this entry to the **Stotfold 5K Challenge**. I confirm that I am medically fit to enter. I accept that I enter at my own risk and that **Etonbury Academy Community Association** or any of the organisers will in no way be held responsible for any injury before, during or after the event or any property damaged or lost. On signing the form I agree that my photograph may be used for promotional purposes.

**Full Name** **Signed** **Date**

## **Parent/Carer consent** (if under 16)

I hereby consent that the above named person may participate in the **Stotfold 5K Challenge** and any medical treatment necessary may be given without reference to either parent or guardian. I declare that the named person is medically fit to compete and I will not hold **Etonbury Academy Community Association** or any other person or body involved in the organisation of the event responsible for any injury, accident, loss or damage that may arise before, during or after the event as a consequence of their participation in the event. On signing the form I agree that their photograph may be used for promotional purposes.

**Full Name** **Signed** **Date**

Please return your entry form and payment to the Etonbury Academy office

Or post to: Etonbury Academy Community Association  
c/o Etonbury Academy, Stotfold Road, Arlesey, Bedfordshire, SG15 6XS

Please make cheques payable to 'Etonbury Academy Association'

***Closing date Friday 9<sup>th</sup> June 2016***

**For office use only**

Date received:

Race sheet updated by:

Race No: