

Eynsham Roadrunners Summer Fun Run Series – The Fishponds Challenge

ENTRY FORM

The Fishponds Challenge is open to years 7, 8 and 9 who are at least 12 years of age. This fun run series will take place at 6pm on 3 successive summer Wednesdays – June 15th, 22nd and 29th.

You will get points for participation and victory! Prizes will be awarded on June 29th.

On June 29th Kirsty Fardell an England Athletics sprint coach will join us. On June 15th and June 22^{nd,} the fun 'pre fun run' warm up session will be led by Coach lan Keeley, a qualified England Athletics Coach in Running Fitness and member of Eynsham Roadrunners.

The summer series is a free and marshalled 3k historically mapped run taking place around the sports field and Fishponds. It starts at Eynsham Pavilion field at 18:00 each week. Please be there by 17:45. Deadline for entry is June 13th.

We hope to see you there!

Eynsham Road Runners

Full address for Summer Fun Run Series: Eynsham Sports Pavilion, 1 Oxford Rd, Eynsham, Witney, OX29 4HG

Deadline for entries is June 13th – please return to Milly Clements-Foster [Barts] or Simon Walker, Nick Sheard, Ian Kelley, Graham Bridges [ERR club night]



Summer Fun Run Series Entry Form

| SECTION A: Your DETAILS | | | | |
|-------------------------|--|---------|---------|--|
| First Name | | | Surname | |
| Address | | | | |
| | | Postcod | е | |
| Date of Birth | | | | |

| SECTION B: PARENT/CARER DETAILS Please ask your parent/carer to complete the following: | | | | | |
|--|-------------------------|--------|----------|--|--|
| First Name | Surname | | | | |
| Address | If different from above | | | | |
| | | Postc | ode | | |
| Telephone | | Mobile | e Number | | |
| Email Address | | | | | |

| SECTION C: EMERGENCY CONTACT DETAILS Please insert the information below to indicate the persons who should be contacted in event of an incident/accident. | | | | |
|--|-------|---------------|--|--|
| 1, Emergency contact | Name: | | | |
| Contact number(s) | | Relationship: | | |
| | | | | |
| 2. Emergency contact | Name: | | | |
| Contact number (s) | | Relationship: | | |

| SECTION D: MEDICAL INFORMATION Please detail below any important medical information that our leaders or coaches should be aware of. This will help us support you during this activity. | | | |
|--|---------|---------------------------|--|
| Any specific medical conditions? (e.g. epilepsy, asthma, diabetes, allergies, etc.) | No □ | Yes – please give details | |



| Details of medication required (e.g. pills, inhaler, diabetes) | | |
|--|---------|--------------------------------|
| Are there any health conditions that might prevent you/your child for taking part in the event? | No | Yes – please give details |
| Do they have any allergies? | No □ | Yes – please give details □ |

SECTION D: ADDITIONAL SUPPORT

Please detail below any additional support you may require. If you are disabled, please include any relevant information here:

SECTION E: PHOTOGRAPHY CONSENT

Eynsham Roadrunners will not permit photographs, video or other images of club members without consent. For children Under 16 consent must be provided by their parent or carer.

Eynsham Roadrunners will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club/Welfare Officer immediately.

□I give permission for my/my young athlete photograph/Video to be used on the club's website. □I give permission for my/my young athlete photograph/Video to be used on the club's social media pages.



SECTION E: Approval of Entry into The Summer Series

My child is medically fit to participate in the event and I understand that entry is at their own risk and that the organisers shall not be held responsible for any injury or illness that may be caused as a result of the event or for any property lost during the race.

In the unlikely event of injury I give consent for First Aid or Medical Intervention to be provided by the designated First Aiders or medical professionals as appropriate.

□I understand the above and give permission for my child/ young athlete to participate

| Signature: | |
|-------------|--|
| Print Name: | |
| Date: | |