

REGISTRATION FORM - PLEASE COMPLETE AND RETURN - either to Holy Trinity Church, Crawford Street, MOTHERWELL, ML1 3AD. or email holytrinitymothersunion@gmail.com OR return to the LOCATION YOU obtained the form. THANK YOU.

MOTHERWELL WEST ALL-AGE COMMUNITY 1K & 5K EVENT

REGISTRATION FOR ALL EVENTS

FOR INDIVIDUAL ENTRIES OR THOSE ENTERING AS A RELAY TEAM MEMBER. PLEASE COMPLETE AND SUBMIT THE FORM BELOW

NOTE: A YOUNG PERSON 18 YEARS OR UNDER CAN REGISTER FOR AN EVENT ON THIS FORM - BUT AN ADDITIONAL PARENTAL CONSENT WILL BE REQUIRED TO QUALIFY FOR ENTRY. PLEASE SEE THE CONSENT FORM AVAILABLE BY PDF DOWNLOAD LINK AT THE BOTTOM OF THIS PAGE AFTER THE SUBMIT BUTTON.

ARE YOU ENTERING AS AN INDIVIDUAL OR PART OF A RELAY TEAM *

- ONLY AS AN INDIVIDUAL
 ONE OF A RELAY TEAM

ENTER THE NAME OF YOUR TEAM

REQUIRED IF IN A TEAM : Please agree the name of your team before registering and also enter total number in your team .

NUMBER OF PEOPLE IN YOUR TEAM

NAME : PLEASE ENTER YOUR NAME AND SURNAME

IF YOU ARE ENTERING A TODDLER FOR THE DASH THEN PLEASE ENTER YOUR NAME AS THE ACCOMPANYING ADULT HERE AND TODDLER NAME IN NEXT SECTION.

FIRST NAME

SURNAME

TODDLER

First

Last

PLEASE INDICATE DESIRED EVENT *

PLEASE SELECT ONLY ONE EVENT FOR THE PERSON NAMED ON THIS FORM. COMPLETE SEPARATE FORMS FOR EACH EVENT. All events to be self timed by participants.

- 25 METERS (approx.) TODDLER DASH NURSERY AGE WITH ACCOMPANIED ADULT
 1 KILOMETER RUN/WALK/JOG (Age - Primary 5 UPWARDS)
 5 KILOMETER RUN/JOG (SINGLE PERSON OR RELAY TEAM) AGE 12 UPWARDS
 5 KILOMETER WALK (SINGLE PERSON OR RELAY)

PLEASE INDICATE HOW YOU WISH TO PARTICIPATE *

- RUN
- JOG
- WALK

EMAIL ADDRESS *

PLEASE PROVIDE AN EMAIL ADDRESS

Enter Email

Confirm Email

HOME ADDRESS

Street Address

Address Line 2

town

POST CODE

YOUR CONTACT TELEPHONE

Please give a contact number - mobile or landline which can be used to contact you about your registration or about arrangements for the event.

AGE AT TIME OF EVENT (IN YEARS) *

AGE 18 YEARS OR UNDER AT TIME OF EVENT ?

If 18 or under then to qualify please CONFIRM that the person being registered will SUBMIT a PARENTAL CONSENT FORM in ADDITION to registering here. See information page to download consent form.

- YES A PARENTAL CONSENT FORM WILL BE SUBMITTED

CONTACT NAME IN CASE OF EMERGENCY - PLEASE ENTER A NAME BELOW *

Please provide someone to inform if necessary in case of an emergency.

CONTACT TELEPHONE - IN CASE OF EMERGENCY - (LANDLINE - MOBILE OR BOTH)

RELEVANT MEDICAL NEEDS OR CONDITIONS *

Please briefly list any medical conditions you feel might impact your participation in our events or be of use to us in the case of an emergency. IF NONE, please state NONE in the box on the next page.....

0 of 300 max characters

AGREEMENT TO THE TERMS & CONDITIONS & CONSENTS *

PLEASE CHECK THE TERMS AND CONDITIONS AND CLICK TO AGREE. Terms and Conditions These events are free to participants and are run by volunteers. Running is a physically active sport. You should always seek advice from your GP before taking up a strenuous physical pursuit such as this. I accept that an event is entered entirely at my own risk and that it is my responsibility to ensure that I am fit and able to take part in the event. • On the day, all participants must adhere to the instructions of the Organisers, any Volunteer Marshals and any First Aiders. • Anyone acting in a way that may be deemed at risk of causing injury to themselves or others will be asked to leave. • The WALK/RUN Challenge is open to anyone of any age. However, anyone under the age of 18 must complete a Parental Guardian Consent Form and be accompanied by a parent or guardian at all times. If either the parent/guardian or the child have to drop out, the other must stop as well. MEDICAL AND EVENT FIRST AID CONSENTS I understand the nature and demands of the challenge and accept responsibility for my fitness and ability to take part. I understand that I enter at my own risk and will not hold the challenge organisers or officials responsible or liable for any injury, illness or damage howsoever caused to my person or any other person, or any property during or as a result of participating in this challenge. In the event of an accident or illness whilst taking part in this challenge, I hereby give permission for the onsite First Aiders to initiate medical treatment and to inform my next of kin if appropriate. I agree that I will bring any personal medication with me for the treatment of any allergies, asthma, diabetes etc. or any injuries. However, I accept that volunteers of the challenge organiser are not permitted to administer medication to participants unless they are a recognised medical practitioner supporting the challenge.

I AGREE TO THE EVENT TERMS AND CONDITIONS WITH CONSENTS

PRIVACY : DATA AND PERSONAL INFORMATION - USE AND CONSENT

PRIVACY NOTE: Names, Addresses, email addresses, and medical conditions ON THIS FORM will be STORED SECURELY by the organisers for the purposes of keeping in touch with you about your registration and about participation in your chosen event. On the day the contact details e.g. for emergencies will be passed e.g. to First Aid Providers as appropriate. We will not pass any details to third parties without your consent. We also ask you to give permission for retaining email addresses for contact about future events PLEASE TICK THE CONSENTS AS APPROPRIATE BEFORE PROCEEDING TO AGREE AND SUBMIT THE FORM.

I AGREE TO MY PERSONAL DETAILS BEING STORED AND USED AS SET OUT IN THE PRIVACY NOTE

I AGREE TO MY EMAIL ADDRESS BEING USED TO CONTACT ME ABOUT FUTURE ACTIVITIES AND EVENTS