**THANET PRIMARY SCHOOLS**

**CROSS-COUNTRY EVENT**

**ENTRY FORM**

**Quex Park—Saturday 9th March 2019**

**Event sponsored by Quex Park**

**(school to set their entry deadline)**

**\*Vehicle access/parking through Gate 3 Manston Road Only**

**\*Pedestrian Access via main entrance-Park Lane**

**\*Disabled Parking via Main entrance-Park Lane**

**\*NO DOGS PERMITTED ON SITE OTHER THAN GUIDE DOGS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10:00  | Year 3 Girls  | 1km  | 10:20  | Year 3 Boys  | 1km  |
| 10:40  | Year 4 Girls  | 1km  | 11:00  | Year 4 Boys  | 1km  |
| 11:20  | Year 5 Girls  | 1.5km  | 11:40  | Year 5 Boys  | 1.5km  |
| 12:00  | Year 6 Girls  | 1.5km  | 12:20  | Year 6 Boys  | 1.5km  |


Entry through schools only, no late entries and no entries on the day

**Please return your completed entry form to your school**

**Further information, updates and results at** [**www.thanetac.co.uk**](http://www.thanetac.co.uk)

* **Only guide Dogs are permitted to be on site.**

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**Please enter me into the Primary Cross Country on the 9th March 2019 at Quex Park.**

Name ............................................................ Gender: M / F

School ......................................................................Year Group………….

Telephone No. in case of emergency ....................................................................

Medical Details:………………………………………………………………………………………………………………………………………

I accept that the organisers will not be liable for any loss or damage, action, claim, cost or expenses, which may arise as a consequence of participation in this event. I declare that my child will not compete in this race unless he/she is in good health on the day of the race and that he/she will only compete at his/her own risk. I agree that a trained person can give first aid to my child if necessary.

I enclose entry fee of ............. (**£3 per race-please make cheques payable to your school**)

Educational Life Magazine and the local newspaper photographers will be taking photos on the day. If you DO NOT wish your child to be photographed please tick this box

**Signature of parent or guardian .......................................... Print Name ..............................**

** If you are able to assist on the day please enter your details below:-**

NAME: ……………………………………… CONTACT NUMBER:…………………………………………

EMAIL:…………………………………………………………………………………………………………………..