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|  |  | Logo  Description automatically generated |
| **Thanet Primary Schools’ Cross Country**  ***Quex Park – Saturday 2nd March 2024***  **ENTRY FORM -- SCHOOL TO SET THEIR OWN ENTRY DEADLINE** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RACES 1 - 4** | |  | **RACES 5- 8** | |
| *(approximately 1000 metres)* | |  | *(approximately 1500 metres)* | |
| **10:00** | ***Year 3 Girls*** |  | **11:20** | ***Year 5 Girls*** |
| **10:20** | ***Year 3 Boys*** |  | **11:40** | ***Year 5 Boys*** |
| **10:40** | ***Year 4 Girls*** |  | **12:00** | ***Year 6 Girls*** |
| **11:00** | ***Year 4 Boys*** |  | **12:20** | ***Year 6 Boys*** |

**VEHICLE ACCESS & PARKING via GATE 3 (MANSTON ROAD) ONLY**

**(Only pedestrians may enter via main entrance in Park Lane)**

**NO DOGS PERMITTED ON SITE APART FROM GUIDE DOGS**

**Please complete the entry form below and return it to your child’s school.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Further information, updates, and results at** [**www.eastkentcoaching.com**](about:blank)  ***- - - - - - - - - - - - - - - - - - - - - - - - - - -***    ***Please enter my child for the Cross Country on 2nd March 2024 at Quex Park****.*   |  |  |  |  | | --- | --- | --- | --- | | *Name* |  | *Gender* | M / F | |  |  |  |  | | *School* |  | *Year* |  |  |  | | --- | | *I accept that the organisers will not be liable for any loss or damage, action, claim, cost, or expenses, which may arise from 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 £4.00 entry fee and know that this is non-refundable if my child does not run. (Please make cheques payable to the school.)* | £ |  |  |  | | --- | --- | | *Newspaper photographers may be taking photos on the day.*  *If you DO NOT wish your child to be photographed, please tick this box.* |  |  |  |  | | --- | --- | | *Signature of parent/guardian* |  | |  |  | | *Please print name* |  | |  |  | | *Telephone number*  *in case of emergency* |  | |  |  | | *Medical conditions or health concerns specific to running* |  | |  | |