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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** |

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| --- | --- | --- |
| **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*****- - - - - - - - - - - - - - - - - - - - - - - - - - -******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*  |  |
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