

Cumberland Fell Runners Junior Membership and Parental Agreement form

Childs Full Name:

Date of Birth:

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Date of Birth:

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Date of Birth:

Childs Full Name:

Date of Birth:

Email Address :

Address:

Postcode:

Phone No :

Emergency Phone No :

Any medical information we need to know about :

I understand that racing or training with Cumberland Fell Runners (CFR) is done so at my child's / children's own risk and by signing this form on my child's / children's behalf I am accepting the hazards involved in fell running. I confirm that I understand that the coaches or committee members accept no liability to my child / children or myself for any injury, loss or damage of any nature to the child / children named on this form or their property. I also accept that the coaches are volunteers and have a mixture of English athletics coaching licences / and / or experience in fell running and have not completed the Fell Runners Association coaching courses. By signing this form I am agreeing to my child's / children's photographs being published on the CFR website, CFR juniors closed group facebook page and local newspapers.

Parent/Legal Guardian Name :

Signed:

Date: