



Running Imp Ltd  
Secondary School Race  
Sunday 21<sup>st</sup> March 2010  
10:20am Start

Distance – 3.85km

Deadline for entries – 15<sup>th</sup> March 2010

(You can enter online at [www.lincoln.gov.uk](http://www.lincoln.gov.uk))

**“This race will be Electronically Timed”**

- This race is “free” of charge
- Spectacular Start and Finish in Lincoln Castle
- Trophies for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> finishers (male & female)
  - Team Trophy for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>
  - T Shirts for every runner!
  - Limited to 300 Runners

**Guidelines for completing this form:**

1. Please read and complete all information as fully as possible
2. Children should be 11-14 years old
3. Team members will also be eligible for individual prizes
4. Teams should consist of 2 boys and 2 girls from same school year
5. It is important that medical and contact information is fully completed for all runners.
6. Please try to avoid duplicating entries - enter each child only once.
7. If this is a team/multiple entry please state whether information packs should be sent to individual address or lead names address.
8. *Team/Multiple entry only* - If stated that packs should be sent to individuals, please include addresses of all runners on a separate sheet.

Please note if you are entering more than one team, each team name must be different!

Runners name	Date of Birth & age	School name (if applicable)	Team name (if applicable)	Office use only
LEAD RUNNER				

Home Address (this is where race pack(s) will be sent. If this is a team/multiple entry please state whether information packs should be sent to individual addresses or lead names address)

.....  
 .....

Contact person:.....  
 Contact telephone number:.....

Name of person who will accompany the child on the day .....  
 (all children/teams must be accompanied by parent/guardian/teacher)

Emergency contact -  
 Name:.....  
 Tel number:..... Mobile number:.....

Please note any medical conditions we should be aware of:  
 .....  
 .....

If you do not want your child's photograph to be used in publicity material please tick here

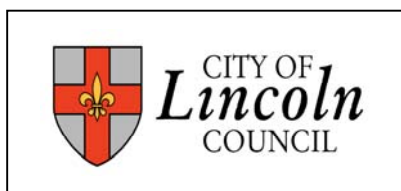
**DECLARATION:**

By signing this form I declare that my son/daughter is medically fit and enter at my own risk. The organiser or sponsors will not be held responsible for any injury or illness caused to my son/daughter during or as a result of the race or for any property lost during the event.

Please note medication cannot be administered by City Council staff, it must be given prior to the activity or administered by the individual.

Parent/Guardian  
 Signature: .....

Full Name (Please Print)  
 .....



**GET UP, GET OUT - GET ACTIVE!!**

Please return application forms to: -  
 Ollie Ezard  
 Community Multi Skills Coach  
 Sport Development Team  
 City of Lincoln Council  
 City Hall  
 Beaumont Fee  
 Lincoln  
 LN1 1DE  
[oliver.ezard@lincoln.gov.uk](mailto:oliver.ezard@lincoln.gov.uk)  
 01522 873810