|  |  |  |
| --- | --- | --- |
| CarlingfordAdventureRacing Club | Cooley Legends Half MarathonSaturday, 23rd April, 2011Registration Form | **S E T A N T A****TRIATHLON CLUB**  |

**PLEASE PRINT CLEARLY**

**Please Tick**

|  |  |
| --- | --- |
| **Runner** |  |
| **Jogger** |  |
| **Jog/Walker** |  |

Surname

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age as at 23/4/11 \_\_\_\_\_\_

Minimum 18 unless accompanied by adult guardian

Gender Male \_\_\_ Female \_\_\_

Address

TELEPHONE & CONTACT DETAILS

Daytime

Evening

Mobile

Email

**Emergency Contact:**

##### Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone

# *FITNESS*

How much hill running experience do you have?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OTHER DETAILS

How did you hear about our challenge?

Have you participated in an off/road half marathon before & if so, where ?

Yes/No

Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT DETAILS

I wish to pay the registration fee of (€35) :

 **€\_\_\_\_\_\_\_** by:

Cheque/Postal Order (payable to **CARC**)

#### CONDITIONS OF ENTRY

* I enclose a registration fee of €35 per person, payable to (‘CARC’) CARLINGFORD ADVENTURE RACING CLUB. This is non-refundable and donated to our designated charity if unable to participate.
* I must be over 18 years of age to enter.
* In signing below to the conditions I confirm that my general state of health and fitness is adequate and that I take full responsibility for myself.
* All instructions given to me on the Challenge must be observed for my own safety and success of the event.
* Under the Data Protection Act I may let CARC know if I do not want any information on future races and events. This box is ticked if I do not want to receive mailings from CARC:
* The organisers reserve the right to change the route and/or the location of the challenge as necessary for safety reasons.
* Paying by cheque, please make payable to Carlingford Adventure Racing Club.
* I hereby certify that the information provided by me on this form is to the best of my knowledge true and correct.

I, the undersigned, apply to take part in the **Cooley Legends Half Marathon** and undertake to abide by the ‘Conditions of Entry’ of the event. We shall not hold CARC or any of their volunteers/agents/sub-contractors responsible for any injury, accident, loss or damage to person or property during the course of the event.

**I accept these terms and conditions.**

**Signature**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Please send your registration form and payment to:

 Johnny McCabe, 4 Cluain Na Tain, Jenkinstown, Co. Louth

If you have any further questions please call 087-8105919 -or email: johnny\_mccabe@iolfree.ie