**Centurion Challenge 2016**

***16:00 Friday 1st July to 16:00 Sunday 3rd July***

*Bath Cancer Unit Support Group’s Positron Scanner Appeal for Bath’s Royal United Hospital*

|  |  |
| --- | --- |
| **Name of Challenger** | **first last** |
| **Tutor Group** *( please circle )* | **BY CH ML KP SH 1 2 3 4 5 6 7 8 9 10** |
| **Year Group** *( please circle )* | **9 10 11 12 13** |
| **Date-of-Birth** |  |
| **Name of Parent / Guardian** |  |
| **Address** **Postcode:** |  |
|  |
|  |
|  |
| **Mobile Number of Challenger (carried during the event) :** |
| **Name of Parent / Guardian Telephone Numbers:** | **Home:****Work:****Mob :** |
| **other emergency contacts** | **Name:****Relationship:****Tel No:****Mob No:** |
| *Please write here any other information that you feel we ought to know, including any Medical Conditions / Allergies / specific dietary requirements, etc. (Continue overleaf if necessary).* |
|  |

*I give permission for my son / daughter to take part in The Centurion Challenge 2016 and for any necessary medical / dental treatment to be undertaken in the event of an emergency.*

*Entry Cost £50*

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Parent / Guardian)**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

