****Centurion Challenge 2019

*16:00 Friday 5th July to 16:00 Sunday 7thJuly*

|  |  |
| --- | --- |
| **Name of Challenger** | **first last** |
| **Tutor Group** | **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 - the phone must be charged and switched on )* |
| **Name of Parent / Guardian Telephone Numbers:** | **Home:****Work:****Mobile :** |
| **other** **emergency contacts** | **Name:****Relationship:****Contact 1:****Contact 2:** |
| *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).* |
| **Anti-Inflammatory Medication Allowed : None / Paracetamol / Ibuprofen / other** |

*I give permission for my son / daughter to take part in The Centurion Challenge 2019 and for any necessary medical / dental treatment to be undertaken in the event of an emergency.*

 ***Entry Cost £75***

 **T shirt size**

 **XL L M S (please circle)**

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

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