****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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [](http://www.bcusg.org/)