



Sports Relief Mile 2020
Registration Form

Participant Name:	
Address:	
Telephone No:	
Emergency contact name & number:	
Medical Information: <ul style="list-style-type: none">• Conditions• Medication• Allergies	
Race Number:	

We will only hold this form for the duration of the planned event and thereafter it will be disposed of securely.

Declaration: By signing this declaration, I can confirm that, I am entering the Sport Relief Mile at my own risk and Wychavon District Council/Pershore Plum Plodders shall not be liable for any injury or loss that might occur as a result of my participation.

Signature _____
(Parent/Guardians signature if under 16 years of age)

Date: 15 / 03 / 2020