**We are holding a Fun Run (about 5km) in aid of Cancer Research Sunday 22nd September for 100 runners.**

**WOULD YOU LIKE TO JOIN US?**

Check in on the day to get your number 9:30am at the pavilion and leave your bags

Warm up 9:45am

10am start

The route is mostly off road and on uneven ground and generally suitable 1 or 2 a-breast. It is important that runners stop at the crossing of Fowlmere Rd and marshals control the crossing. Please note that we are not allowed to stop traffic. Please register an interest using the form below and pay the entry fee via the Just Giving website.

£10 per runner, £5 for under 16 years.

**Under 10 year olds to run with parents**. Under 18 year olds will need parental permission.

Please be sure that you check out at the finish line and collect your medal.

**THANK YOU FOR YOUR SUPPORT**

Please look at the school website for risk assessments

[FUN RUN Risk assessments](http://www.foxtonprimary.co.uk/page/?title=FUN+RUN&pid=168).

Please complete the form and return to the school office by Monday 16th September 9am

It can be completed and emailed to [office@foxton.cambs.sch.uk](mailto:office@foxton.cambs.sch.uk) or posted through the school letter box.

We aim to take the first 100 participants so adding the date and time to the form and linking it with the payment via Just Giving will help us do that.

[Just Giving](https://fundraise.cancerresearchuk.org/page/foxton-fun-run)

Please note that parking is limited at the village hall.

Participant Registration form (which will be destroyed after the event)

* Name ……………………………………………………
* DOB ……………………
* Parent Permission if appropriate. Name of parent…………………………
* Address --------------------------------------------------------------

……………………………………………………….

……………………………………………………….

* Contact number ………………………………………………………………….
* Email ……………………………………………………………………..….
* Emergency contact name …………………………………………………………
  + - number ……………………………………………
* Medical conditions eg diabetes, heart conditions. This information will be passed to volunteer marshals and or St John’s Ambulance

I intend to run/jog/walk (please delete as appropriate)

I accept that:

* I run at my own risk
* I need to follow marshals’ instructions
* The ground is uneven, may be slippery
* The ground is not suitable for wheel chairs or push chairs
* I will not run with a dog
* I need to be aware of road safety
* I have read the risk assessments
* I have declared medical conditions
* I have paid the entry fee via the Just Giving Web Page

Date ……………………..

Time………………………

Name of participant…………………………………….……..

Signature of participant……………………………………..

Name of parent if under 18 years………………………………………… Signature of parent if under 18 years…………………………………..