**Winter Warriors**

**Throwing Series**



|  |  |
| --- | --- |
| Athlete Name: |  |
| Address: |  |
|  |  |
| Emergency phone number: |  |
| Male/female: |  |
| Age Group: |  |
| UKA Registration number: |  |

Please tick which events you would like to compete in.

|  |  |  |
| --- | --- | --- |
| Date | Event | Tick |
| Thursday 7th February 2019 | Hammer |  |
|  | Discus |  |
|  |  |  |
| Thursday 28th February | Shot  |  |
|  | Javelin |  |
|  |  |  |
| Thursday 14th March | Hammer |  |
|  | Shot |  |
|  |  |  |
| Thursday 4th April | Javelin |  |
|  | Hammer |  |
|  |  |  |
| Thursday 25th April | Javelin |  |
|  | Discus |  |

If Under 18 parental consent is required.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) give permission for my son/daughter to compete in the above competitions.

I do/do not give permission for photographs to be used in club publications and in the press.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to clubhouse by Tuesday 5th February or by email to mandycampbelld@hotmail.com