



**MUDDY BEAST ENTRY FORM**  
**SATURDAY 12<sup>th</sup> OCTOBER 2019**  
**Time 1.00 pm – 3:00 pm**

**Entrants Details:**

<b>First Name:</b>		<b>Surname:</b>	
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Telephone:</b>			
<b>Email:</b>			

<b>Any Allergies?</b> Yes <input type="radio"/> (please provide details) <span style="float: right;">No <input type="radio"/></span>
<b>Permission to take photo's</b> Yes <input type="radio"/> No <input type="radio"/>
<b>How did you find out about the Muddy Beast Event?</b> .....

**Declaration:**

I understand that I am taking part in a physical activity which requires that I am in good health to participate.

I am aware of the organiser's information and requirements in connection with this Muddy Beast Event and acknowledge that I am entering the Event at my own risk.

<b>Entrants Signature</b>	<b>Date:</b>	
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**Under 16's require guardian signature**

**Data Protection:**

All information supplied is stored in accordance with the General Data Protection Act and will only be used for the purpose of managing your physical activity here at the Leisure Centre, as well as supplying you with information that we feel will be of benefit to you.

**We will not pass your details onto any third party**, but we may make you aware of offers from our corporate sponsors from time to time. Please tick here if you are happy for us to contact you with information or offers, not directly related to the physical activity information detailed on this form

For further details of our Privacy Policy, please refer to our web site – [www.stocksbridgeclc.co.uk](http://www.stocksbridgeclc.co.uk)

<b>For office use only:</b>			
<b>Date Payment Entered Onto MINDBODY System:</b>			
<b>Payment Received By:</b>			<b>Date</b>