



Neurocare Head Start
Sunday 19th April 2015
9am / 10:30am
Rother Valley Country Park



Thank you so much for supporting Neurocare by taking part in the sixth Head Start. Your entry fee and any sponsor money you raise really does make a huge difference to the work we can do right here in Sheffield!

Entry Details

- ☉ Sunday 19th April 2014
- ☉ 10 K race will start at 9:00am
- ☉ 5 K race will start at 10:30am
- ☉ Allow plenty of time as entry to the park may be very slow.
- ☉ Suggested time of arrival is 8:15am for 10K runners and 9:45am for 5K runners.
- ☉ Open to all ages
- ☉ Under 16s must be accompanied by an adult
- ☉ Please ensure you train for this event
- ☉ Prizes for all finishers

T-Shirts

- ☉ Please note the additional form if you wish to purchase t-shirts or running vests

Route

- ☉ 5k (approx) around 2 lakes.
- ☉ 10K (approx) takes you around the course twice.
- ☉ Dogs to be kept on a lead at all times
- ☉ For safety –bicycles not allowed on the course
- ☉ Wheelchair friendly course
- ☉ We cannot close the roads for this race

Parking

- ☉ Parking is £3.50 per car – set by Rother Valley Country Park payable on entry to park.

Application

- ☉ Please complete application form on the opposite side of this page and return to us with a cheque for your entry to Neurocare Charity Office, Millennium House, 30 Junction Road, Sheffield, S11 8XB
- ☉ Neurocare cannot take credit /debit card payments for this event or merchandise.
- ☉ Cheques made payable to 'Neurocare'
- ☉ Entry fee is non refundable
- ☉ One entry per form
- ☉ All enquiries to **0114 267 6464** or **corin@neurocare.org.uk**
- ☉ On signing the entry form you agree that your photograph may be used for promotional purposes.

Contacts: 0114 267 6464 or corin@neurocare.org.uk



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Personal Information (please use block capitals)

Full Name

Address

..... Postcode

Tel Email

Date of Birth/...../..... Male Female

PAYMENT

Please tick which race you will be entering

5K race: £10 per entrant

10K race: £15 per entrant

Under 5s Free

Statement by parent or guardian for ALL runners under 18 years of age.

I hereby consent that the above person may participate in Neurocare's Head Start Run and I declare that I am solely **responsible for the supervision** and wellbeing of this person **at all times** and any medical treatment necessary may be given without reference to either parent or guardian.

I **will not** hold responsible **Neurocare**, or **any other person or body involved in the organisation** of the event for any illness or injury resulting from the event.

Full Name _____ Signed _____ Date _____

ALL ENTRANTS MUST SIGN AND DATE THE FOLLOWING

I will participate only if I am fit to run the distance specified. I will not hold responsible Neurocare or any person or body involved in the organisation of the event, for any injury or illness resulting from the event. In entering this race I agree that my details may be used by the organisers to contact me.

Signed..... Date

Office use only:

Date Rec _____ DF _____ QB _____ Int _____