YORKSHIRE AIR AMBULANCE

In aid of Alzheimer's Society United Against Dementia

THE WILSON WALK

SATURDAY 6 OCTOBER 2018

SPONSORED BY LISTER HORSFALL
MOMENTS IN TIME SINCE 1902

JOIN THE CLUB IN A 26-MILE FUNDRAISING WALK FROM THE JOHN SMITH'S STADIUM TO BURNLEY FC

Raising funds for the Yorkshire Air Ambulance and the Alzheimer's Society in honour of Town legend Ray Wilson.

THE ENTRY FEE IS £25 WHICH INCLUDES REFRESHMENTS DURING THE WALK, WALK T-SHIRT AND COACH TRANSFER BACK FROM BURNLEY AFTER THE GAME.

THE TERRIERS

Main Club Sponsor
OPE 体育⊙电竞

ENTRANT INFORMATION

NAME:

DOB:

AGE:

(minimum age to take part is 14. Please note participants aged 14-15 must have a signed parent/guardian consent form)

ADDRESS:

POSTCODE:

MOBILE NUMBER:

(we'll need this on the day of the walk should we need to contact you)

EMAIL ADDRESS:

£25 ENTRY FEE PAID AND ENCLOSED VIA: *(please tick)* **CASH** ☐ or **CHEQUE** ☐

(please make cheques payable to Huddersfield Town FC)

DO YOU REQUIRE RETURN COACH TRAVEL FROM BURNLEY FC? (please tick) **YES** ☐ **NO** ☐

There is no reduction in the entry fee if you do not require return travel.

I hereby commit to **'The Wilson Walk'** *event and pledge to raise a minimum of £100 solely for the Yorkshire Air Ambulance and the Alzheimer's Society by taking part. I understand my sponsorship funds must be handed in no later than Tuesday 6 November.*

Signed

Date

Please return this form either via email to **andy.booth@htafc.com** or by post **FAO Supporter Services, Walk for Pounds, Huddersfield Town FC, John Smith's Stadium, Huddersfield, HD1 6PX** or hand in at the **Stadium Superstore** or **Ticket Office**.

CLOSING DATE FOR ENTRIES: Monday 6 August

This form will be disposed of securely after the walk.
To view Huddersfield Town's Privacy Policy please visit *www.htafc.com/htafcs-privacy-policy/*

THE TERRIERS

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PARENTAL/GUARDIAN CONSENT FORM

YORKSHIRE AIR AMBULANCE

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THE WILSON WALK

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THANK YOU FOR REGISTERING FOR THE 'WILSON WALK' EVENT IN AID OF THE YORKSHIRE AIR AMBULANCE AND THE ALZHEIMERS SOCIETY. PLEASE COMPLETE ALL THE INFORMATION REQUESTED BELOW.

PERSONAL DETAILS

Child's Full Name:

Date of Birth:

Age:

Sex (M/F):

Ethnic Origin:

Address:

Post Code:

Tel No:

EMERGENCY CONTACT DETAILS

Parent/Guardian's Full Name:

Home Tel No:

Mobile Tel No:

Email Address:

Relationship to Child:

Second Emergency Contact:

Daytime Tel No:

Mobile Tel No:

HEALTH AND OTHER INFORMATION

Doctor's Full Name:

Any Additional Information:

CONSENT

1 I confirm that at the time of the event my Son / Daughter will be 14 years of age or over.
2 I consent to my son/daughter taking part in the 'Walk for Pounds' event.
3 I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition which may prevent/hinder him/her from completing the Walk.
4 I give consent for the administration of basic first aid treatment if it is deemed necessary.
5 I give full consent for my son/daughter to be taken to hospital in case of an emergency, providing I am advised immediately.
6 I give full consent in my absence for any emergency treatment to be given by paramedics or medical staff at hospital.
7 I give consent for photos to be taken of my son/daughter for marketing purposes.
8 I understand that the Club and organisers accept no responsibility for loss, damage or injury caused by or during attendance on the 'Walk for Pounds' event.

PARENT/GUARDIAN'S SIGNATURE:

DATE:

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THE TERRIERS

MEDICAL FORM

THANK YOU FOR REGISTERING FOR THE 'WILSON WALK' EVENT IN AID OF THE YORKSHIRE AIR AMBULANCE AND THE ALZHEIMERS SOCIETY. PLEASE COMPLETE ALL THE INFORMATION REQUESTED BELOW.

YOUR DETAILS

First Name:

Surname:

Date of Birth:

Age (if under 18):

Sex (M/F):

Address:

Post Code:

Daytime Tel No:

Mobile Tel No:

Email Address:

MEDICAL INFORMATION

Please list here any relevant medical conditions (including allergies) you feel the organisers should be aware of:

CONSENT

I, the undersigned, have detailed all my medical conditions that may be of concern to the organisers of the Wilson Walk. I consent to actions that include any emergency or surgical first aid treatment provided with best intention by any persons/staff involved. I understand that the event organisers will make every reasonable effort to contact me and/or my next of kin as soon as reasonably possible regarding such treatment

NEXT OF KIN

Name:

Relationship to you:

Address:

Post Code:

Daytime Tel No:

Mobile Tel No:

GP CONTACT DETAILS

GP Name:

Surgery Name:

Address:

Tel No:

SIGNATURE:

DATE:

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THE WILSON WALK
SPONSOR FORM

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THE WILSON WALK
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PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS

Participants Name: Address:

Postcode: Tel No (day): Tel No (eve):

TITLE	FIRST NAME	LAST NAME	HOME ADDRESS / POSTCODE	AMOUNT PLEDGED	AMOUNT GIVEN	DATE GIVEN	GIFT AID

THE TERRIERS

Huddersfield Town Football Club Stadium Way Huddersfield HD1 6PX

Yorkshire Air Ambulance Cayley House 10 South Lane Elland HX5 0HQ

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Dear Donor,
By ticking the Gift Aid box you enable Yorkshire Air Ambulance to reclaim tax on the donation detailed, given on the date shown. You must be a UK taxpayer and paying an amount of income tax or capital gains tax equal to the tax reclaimed by the charity on the donation