

WORTHINGTON WALK SATURDAY 16 OCTOBER 2021



SPONSORED BY



DELIVEREE

WALKING 22 MILES FROM ELLAND ROAD -VIA THE SHAY- TO THE JOHN SMITH'S STADIUM

Raising funds for the Yorkshire Air Ambulance and the Alzheimer's Society in memory of Frank Worthington.

**ENTRY FEE FOR THE WALK STARTING AT ELLAND ROAD - £25,
AND FOR THE SHORT WALK STARTING AT THE SHAY - £15**

The entry fee includes refreshments, walk t-shirt, coach transfer to Elland Road, First Aid and Support Team.

In aid of



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WORTHINGTON WALK ENTRANT INFORMATION

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

NAME:

DOB:

AGE:

(minimum age to take part is 14. Please note participants aged 14-15 must be accompanied by a parent/guardian and 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:

WHICH WALK WOULD YOU LIKE TO COMPLETE: *(please tick)*

THE LONG WALK (22 MILES STARTING AT ELLAND ROAD)

or

THE SHORT WALK (7 MILES STARTING AT THE SHAY)

(the short walk will join the long walk at The Shay and continue on to The John Smith's Stadium)

DO YOU REQUIRE COACH TRAVEL TO ELLAND ROAD? (LONG WALK ONLY)

(please tick)

YES NO

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

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/

*I hereby commit to 'The Worthington Walk' event and pledge to raise a minimum of £100 solely for the Yorkshire Air Ambulance and the Alzheimer's Society by taking part, please note, entrance fees and gift aid **are not included** in this amount. I understand my sponsorship funds must be handed in no later than Tuesday 23 November.*

Signed

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Date

Please return this form either via email to andy.booth@htafc.com or hand in at the **Stadium Ticket Office**.

CLOSING DATE FOR ENTRIES: Thursday 23 September 2021

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WORTHINGTON WALK MEDICAL FORM

PERSONAL DETAILS

FULL NAME:

DOB:

AGE (IF UNDER 18):

ADDRESS:

POSTCODE:

DAYTIME TEL NO:

MOBILE NUMBER:

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

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 Worthington Walk. I consent to actions that includes 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 / EMERGENCY CONTACT DETAILS

Full Name:

Home Tel No:

Mobile Tel No:

Relationship To You:

Address:

Post Code:

GP CONTACT DETAILS

GP Name:

Surgery Name:

Surgery Address:

Telephone No:

SIGNATURE:

DATE:

By signing, you understand that the Club and organisers accept no responsibility for loss, damage or injury caused by or during attendance on the 'Worthington Walk' event.

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