

Please return completed form to
 Welsh Athletics Cardiff International Sports Campus
 Leckwith Road
 Cardiff. CF11 8AZ
 Tel:- 02920 644870
 Email:- competitions@welshathletics.org



Licence No

Issued

UK Athletics & Welsh Athletics

CROSS COUNTRY LICENCE APPLICATION FORM

once complete please return to Welsh Athletics



CONTACT DETAILS			
Name			
Position:			
Address			
	Post Code		
Email Address			
Home Telephone			
Mobile Telephone			
COMPETITION DETAILS			
Event Name			
Promoting Body / Club			
Event Date			
Event Venue			
Event Referee	UKA Officials Ref		
Age Group Range			
<i>Please supply a copy of the event prospectus & Entry Form</i>			
Information: please use capital 'P' in the 'Yes' & 'No' boxes a tick will appear ✓ for Yes ✓ for No			
Is this organisation affiliated to Welsh Athletics:			YES
			NO

If your answer to this question is no, please confirm that insurance provision is in place; UK Athletics Public liability Insurance can only be granted to affiliated organisations. Please advise competitors and officials of our insurance provision.

I am instructed by the Promoting Organisation to make application to register the above event and to obtain a permit for said event. On behalf of the Promoting Organisation I agree that the above event shall be conducted in compliance with UK Athletics Rules for Competition (2016).

The Promoting Organisation undertakes to impose an additional entry fee of £2 to all entrants who are not registered members of Welsh Athletics/UK Athletics affiliated clubs or in education. These fees will be retained by the event organisation.

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION TO SUPPORT YOUR APPLICATION:

- The licence application form
- The event prospectus and entry form
- Course maps and information
- A fee of £20 if you are applying on behalf of a non-affiliated organisation
- Copy of your insurance policy (non-affiliated organisations only)
- A letter of permission from UK Athletics, if the event is to be televised nationally

Your application must be sent to the Licence Officer at least **EIGHT WEEKS** prior to the event

Payment made out to Welsh Athletics Ltd, to be sent to Welsh Athletics

Information: please use capital 'P' in the 'Yes' & 'No' boxes a tick will appear ✓ for Yes ✓ for No		YES	NO
Has Permission been sought and given by the Landowners / Local Authority:			
Is the Event Sponsored			
Sponsors name (if applicable)	<i>Sponsors name here</i>		
Have the Police been informed:			
Will the police be in attendance			
Has the event been held before			
If so, please state date of last event and last Licence (Permit) No	<i>Licence number</i>	<i>date</i>	
Will the Police be in attendance			
Has the Event been held before			
Anticipated Numbers competing in the Event		<i>entries</i>	
Are there age group races?			
Are there races for both genders?			
Start Time of the First race		<i>time</i>	

Please indicate below the age group distances of your races:

	Masters	Senior	U20	U17	U15	U13	U11
Men							
Women							

See below or UKA Rule 141 S3 (2) (previously rule 508) for maximum permitted distances

Entry fees for the event are £ Unattached runners to be charged an additional £2 levy.

Details of medical cover provided

Any accidents must be reported to UK Athletics on the appropriate form

Has a risk assessment been done for your event?

The Risk Assessment statement is a working document that will be updated as event plans develop.
This statement must be issued to the referee for reference before the day of the competition.

INFORMATION

The Licence Officers for ALL cross country events in Wales are:

Welsh Athletics, Cardiff International Sports Stadium, Leckwith Road, Cardiff CF11 8AZ

Tel: 02920 644870

E: mail competitions@welshathletics.org

Detailed information about the factors to be considered when planning a cross country event is contained in the UK Athletics Cross Country Handbook.

Cross Country Handbook available from the Welsh Athletics Office (NOTE: It will be online at a point in the future)

This incorporates advice on course planning, risk assessment, spectator provision, officiating and medical cover.

UKA rule book available <http://www.uka.org.uk/competitions/rules>

UKA Maximum permitted distances RULE 141 S 3 (2)

	Masters & Senior	U20	U17	U15	U13	U11
Men & Women	Unlimited	10,000m	6500m	5000m	3500m	2000m (guidance only)

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WELSH ATHLETICS
 ATHLETAU CYMRU

RACE / EVENT



REFEREE RACE REPORT

EVENT NAME	LICENCE No
EVENT DATE	REGION
EVENT DISTANCE	START TIME
COURSE LOCATION	
PROMOTING BODY	

1. CROSS COUNTRY RACE LICENCE		8. ACCESS	
(a) Was it displayed and in a conspicuous place?	YES NO	(a) Was there adequate parking	YES NO
2. RISK ASSESSMENT		9. FINISH AREA	
(a) Was the risk assessment available for Inspection on the day?	YES NO	(a) Was the area in a safe location?	YES NO
3. START AREA		(b) Was the area well marked?	YES NO
(a) Was area well marked?	YES NO	(c) Were there sufficient marshals to ensure correct finishing order?	YES NO
(b) Was area well supervised?	YES NO	(d) Were there sufficient Timekeepers & Recorders?	YES NO
(c) Did the race(s) start on time?	YES NO	10. FIRST AID	
4. COURSE SIGNAGE		(a) Give details of qualified Medical / First Aid actually present :-	
(a) Were you aware of any problems with the signing of the Course?	YES NO		
(b) Were all the Marshals in place	YES NO		
5. RACE SUPERVISION		11. WEATHER CONDITIONS (please describe):-	
(a) Were you aware of any problems?	YES NO		
(b) Were you aware of any hazards on the course?	YES NO		
6. POLICE		12. TOILET FACILITIES	
(a) Were Police in attendance	YES NO	(a) Were they available in adequate numbers at start and finish?	YES NO
7. COURSE MARSHALS			
(a) Were they suitable?	YES NO		
(b) Were they wearing high visibility clothing?	YES NO		
(c) Were they all positioned at appropriate locations on the course?	YES NO		

Please supply any additional information details of any relevant incident or problem on a separate sheet

Race Referee / *Regional Appointed Observer.**Please complete this report of completion of the race (before you leave) and return to the Region Licence Officer.**

Full Name (print in capitals)			
Address			
	Post Code	Tel No	
Signature		Date	



WELSH ATHLETICS
ATHLETAU CYMRU

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RACE / EVENT MEDICAL RETURN FORM

EVENT NAME			
EVENT DATE			
EVENT DISTANCE			
COURSE LOCATION			
PROMOTING BODY			
APPROXIMATE NUMBER OF ENTRIES	TOTAL:	MEN:	WOMEN:
Did the medical cover meet the Minimum Recommended Medical Services requirement specified for the Number of Runners and the Race Distance			Y / N
<small>UKA Good Practise Guide to Road Race Medical Services 2nd Edition Jan 201</small>			

PROMOTERS PLEASE NOTE: A COMPLETED COPY OF THIS FORM SHOULD BE RETURNED TO THE LICENCE ISSUING BODY (N.B: within 1 month of the actual race)

WHERE DEATH HAS OCCURRED, OR OTHER INCIDENT (MEDICAL OR OTHERWISE) TAKEN PLACE THAT COULD LEAD TO AN INSURANCE CLAIM, A UKA ACCIDENT REPORT FORM MUST BE COMPLETED AND THE INSURANCE BROKERS CONTACTED AS SOON AS POSSIBLE AFTER THE EVENT (for report forms email information@ukathletics.org.uk)

MEDICAL RETURN (ideally this should be completed by the Race Medical Officer / Lead Clinician / Lead First Aider)

Weather: Please Circle							
Temperature:	Very Cold	Cold	Warm	Hot	Very Hot		
Conditions:	Sunny	Overcast	Light Rain	Heavy Rain			
Wind:	Light	Medium	Strong	Very Strong			
Other (please specify)							
NUMBER OF INCIDENTS REQUIRING MEDICAL / FIRST AID INTERVENTION							
	Total <i>only include competitors</i>	Breakdown by Sex and Age (if known)					
		Male			Female		
		Under 20	20 to 39	40 plus	Under 20	20 to 39	40 plus
Defibrillated							
Hospitalisation							
Death							
Total							
MEDICAL PROVISION (ACTUAL ON DAY)							
Doctors	No:	Nurses	No:	Ambulances	No:		
Paramedics	No:	Physios	No:	Defibrillators	No:		
First Aiders	No:	Organisation:			Contact Tel. No:		
Other							
Race Medical Officer / Lead Clinician				Contact Tel. No.			
COMMENTS / FURTHER INFORMATION					PTO (if needed)		