



Licence Number	
Issue Date	

TRAIL LICENCE APPLICATION FORM

Organisers must understand that the responsibility for the accuracy of the information and carrying out the undertakings given in this application is theirs alone.

Neither Welsh Athletics/UK Athletics nor the Licence Secretary check the accuracy of the supplied information or invigilate the event.

This application serves as the means by which we assure ourselves the organiser knows their responsibilities and undertakes to carry them out. Delete where necessary (*).

Please answer all questions (n/a for not applicable). When completed the application should be returned to:-

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

CONTACT DETAILS			
Name			
Address			
		Post Code	
Email Address			
Home Telephone			
Mobile Telephone			
COMPETITION DETAILS			
Event Name			
Event Date			
Event Venue			
Event County/Region			
Race Distance			
Number of Laps or Linear			
Total Climb			
Course Description of surfaces			
<p>Only those features that are not obvious from the supplied map need be reported: The proportion on trail, road and/or other surfaces, Whether any mountainous or rocky climbs, or boggy moors are included</p>			
COURSE NAVIGATION			

Type and difficulty e.g. Marshallled/Way marked/Narrative and if understanding of map references or use of compass required				
VENUE START POINT:			START TIME:	
This is where entrants register before the start. If applicable please supply the OS map number/grid reference and postcode, in addition to the name of the location. If the start and finish points of the race are different to the venue, please give details.				
VENUE FINISH POINT:				
ENTRY LIMIT:				
REASON FOR LIMIT:				
ADMITS WALKERS? YES / NO				
ENTRY FEES:		£	UNATTACHED (INC £2 LEVY)	
*Unattached means NOT a current registered member of a Welsh Athletics/UKA affiliated club and NOT a TRA member.				
PROMOTING ORGANISATION				
IS THE PROMOTING BODY AFFILIATED TO WELSH ATHLETICS/UKA			Yes	No
IF NOT, ARE THE ORGANISERS REGISTERED AS A COMPETITION PROVIDER			Yes	No
IF SO PLEASE PROVIDE CURRENT COMPETITION PROVIDER NUMBER ISSUED BY WELSH ATHLETICS OFFICE				No
UK Athletics Public Liability and third party Insurance is automatically given to organisations which are affiliated to Welsh Athletics/UKA.				
HOW WERE THE RACE DISTANCE and CLIMB MEASURED				
There is no requirement for trail races to be measured by qualified graded measurers. If the race has NOT been measured it MUST be advertised as being "APPROXIMATELY" whatever length the promoter considers it to be. It is helpful to also state the total climb. GPS devices and Cycles fitted with Jones's counters can give more precise results. Promoters wishing to have their courses measured accurately can obtain a list of measurers from the WA Office. If the Course has been measured by a Graded Course Measurer please give:-				
DATE	NAME		CERTIFICATE NO	
HAS THE EVENT BEEN STAGED BEFORE? YES / NO * If in the past a licence was issued by another authority please give details:				
LAST YEAR'S PERMIT DETAILS and NUMBER:				
NO OF ENTRIES EXPECTED		NO OF ENTRIES LAST TIME (if held):		WOMEN
		MEN		
REFEREES NAME: It is a requirement that the referee is appointed and is a WA/UKA graded official. If you are having difficulties in obtaining please contact the WA Office. It is not suitable that this person is the Race Organiser, or on the Race Organising Committee.				
Referees Name			UKA No	
ORGANISATION PROVIDING MEDICAL COVER				
It is recommended that organisers consult with a reputable medical provider for expert advice on the cover required.				
First Aid & Qualification		Attendance		Yes
				No
St Johns		Red Cross	Other	
<i>On behalf of</i>				
IS PROTECTIVE CLOTHING and/or SURVIVAL FOOD TO BE CARRIED?				YES / NO *
POLICE STATION NOTIFIED _____ OFFICER CONTACTED _____				
If the whole course is off road there is no requirement to inform the local police. If any part of the course goes along or crosses a public road the police MUST be informed before applying for a race permit.				
SEARCH AND RESCUE ORGANISATION				

There are no laid down criteria for search and rescue cover as each event is unique. The organiser of any event involving mountain, moor, bog or rocky terrain, where participants could become injured or lost, especially in mist and rain, which could lead to exhaustion or hypothermia, should contact a search and rescue team or the coast guard for standby cover.				
HAVE ANY LANDOWNERS IMPOSED LIMITATIONS?				YES / NO *
If any part of the course is NOT on a public right of way the Landowners permission MUST be obtained (private, commercial, municipal or government, e.g. parks or port authorities, National Trust, British Waterways, Forestry Commission etc). In other cases it is courteous to inform landowners that the course crosses their land using public rights of way.				
ADVERTISEMENTS / PROSPECTUS: All promotional material associated with the event must state that it is held under UK Athletics rules, the Permit Number (or "applied for") and entrant's minimum age (see table below) YES / NO *				
ENTRY FORM: Must state that the event is held under UK Athletics rules, and should include the entrants name, date of birth or age, Welsh Athletics affiliated club (if any) and WA membership number if applicable.				

PERMIT: Should be displayed at the registration point or similar public place.

ULTRA DISTANCE RACING: Ultra distance is defined as being longer than the marathon i.e more than 42.2 Km. Although not an WA limitation, it is recommended that entrants be over 21 before being allowed to enter ultra distance events.

DISTANCES: The maximum distances for age groups are as follows:

UK Athletics age group (age on day of race)	Maximum Distance
Under 12	3 Km
Under 14	5 Km
Under 16	6 Km
Under 17	10 Km
Under 18	25 km
Under 20	45 Km
20 and over	No Limit

The following must be attached to this application form :-

- A copy of the entry form, race prospectus and any other documents that will be given to entrants or used for publicity purposes.
- A map of the course showing the location of Marshalls on public roads, all first aid, refreshment and rescue team stations, out of Bounds areas and places that landowners have imposed limits on, and potentially hazardous places e.g. cliff top path.
- £30 Payable to Welsh Athletics

NOTE: If the race will take place during hours of darkness, then permission must be received from our public liability insurers who will require details of the race including a copy of your risk assessment. Contact the Welsh Athletics Office for details.

I agree that UK Athletics Rules for competition (2016), as supplemented by specific local competition requirements, will be applied, fully accredited Technical Officials will be appointed. The UKA Code of Practice for safe conduct at events will be operated at all times.

Signed		Print Name	
Office Held		Date	

Once complete please return to Welsh Athletics Office

Welsh Athletics Ltd, Cardiff International Sports Campus, Leckwith Road, Cardiff CF11 8AZ

Tel 02920644870 Fax 02920 342687 E: mail office@welshathletics.org Website www.welshathletics.org

EVENT FEES

There is a requirement for all events to advertise the race entry fee with the £2 levy included and to provide a £2 discount to all affiliated runners. The payment structure is on a sliding scale as shown over leaf & covers all entries including unattached & attached. This is paid in two parts: £30 fee on application, with the post-race fees paid after the event dependant on the number of entries.

Licence Fees			
Entries	Licence Fee	Balance Due (post-race)	Total
0 - 50	£30	£30	£60
51 - 100	£30	£30	£60
101 – 150	£30	£30	£60
151-200	£50	£65	£115
201-300	£50	£95	£145
301-400	£50	£155	£205
401-500	£50	£200	£250
501-600	£50	£280	£330
601-700	£50	£320	£370
701-800	£50	£400	£450
801-900	£50	£460	£510
901-1,000	£50	£510	£560
1,001-2,000	£50	£875	£925
2,001-3,000	£50	£1,350	£1,400
3,001-4,000	£50	£1,750	£1,800
4,001-5,000	£50	£2,200	£2,250
5,001-10,000	£50	£3,300	£3,350
10001 - 15000	£50	£6,000	£6,050
15001 - 20000	£50	£8,200	£8,250
20001 - 25000	£50	£11,000	£11,050
25001 – 30000	£50	£13,000	£13,050
30001 – 35000	£50	£15,000	£15,050
35001 – 40000	£50	£17,500	£17,550



WELSH ATHLETICS
ATHLETAU CYMRU



RACE/EVENT PROMOTERS RETURNS FORM

EVENT NAME
EVENT DATE
EVENT DISTANCE
COURSE LOCATION
PROMOTING BODY

PLEASE COMPLETE THIS FORM AND FORWARD **WITHIN ONE CALENDAR MONTH** OF THE DATE OF THE RACE TOGETHER WITH THE FOLLOWING

(1) COPY OF A COMPLETED UKA RACE MEDICAL RETURN

(2) A COMPLETE LIST OF RACE ENTRIES

PLEASE GIVE DETAILS OF ENTRIES RECEIVED FOR YOUR RACE:

	MEN	WOMEN	TOTAL
Total number of attached runners			
Number of unattached runners			
Totals			

PLEASE ENCLOSE A CHEQUE MADE PAYABLE TO "WELSH ATHLETICS LTD" FOR THE LICENCE FEE FOR ALL ATHLETES THAT ENTERED YOUR RACE.

Is your race to be held again next year	Yes	No	Not Yet Decided
Planned date of next year's race			
Contact name for next year's race	Mr/Mrs/Miss		
Address			
Post Code		Email Address	
Home Tel No		Mobile Tel No	

PLEASE RETURN THIS FORM AND REQUESTED PAPERWORK TO WELSH ATHLETICS

Welsh Athletics Ltd, Cardiff International Sports Campus, Leckwith Road, Cardiff CF11 8AZ

Tel 02920644870 Fax 02920 342687 E:mail office@welshathletics.org Website www.welshathletics.org


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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

UKA Good Practise Guide to Road Race Medical Services 2nd Edition 2013

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		
		<i>Under 20</i>	<i>20 to 39</i>	<i>40 plus</i>	<i>Under 20</i>	<i>20 to 39</i>	<i>40 plus</i>
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)		

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

CONFIDENTIAL WHEN COMPLETED



**RACE / EVENT
 REFEREE RACE REPORT**



**UNITED
 KINGDOM
 ATHLETICS**

EVENT NAME	LICENCE No
EVENT DATE	REGION
EVENT DISTANCE	START TIME
COURSE LOCATION	
PROMOTING BODY	
1. TRAIL/MOUNTAIN/FELL RACE LICENCE	8. WATER FEEDING STATIONS
(a) Was it displayed and in a conspicuous place? YES NO	(a) Were they provided at appropriate locations on course and at the finish? 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) Was area free from traffic hazards? YES NO	10. FIRST AID
(d) Did the race(s) start on time? YES NO	(a) Give details of qualified Medical / First Aid actually present :-
4. COURSE SIGNAGE	
(a) Were you aware of any problems with the signing of the Course? YES NO	
(b) Were all the Check Point Marshals in place? YES NO	
5. RACE SUPERVISION	11. WEATHER CONDITIONS (please describe):-
(a) Was there a last runner marshal? YES NO	
(b) Was all athletes accounted for at the finish? YES NO	
6. POLICE	
(a) Were Police in attendance YES NO	
7. COURSE MARSHALS	12. TOILET FACILITIES
(a) Were they suitable? YES NO	(a) Were they available in adequate numbers at start and finish? 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	

