

PADSTOW to ROCK SWIM

Sunday 1st July 2012

Raising funds for Marie Curie Cancer Care

One form per person, photocopies accepted



Event Details:

Date: Sunday 1st July 2012 on the afternoon tide.

The Swim: Across the Camel estuary, a distance of approx 1 mile

The Swim is run with two waves:

Elites: Capable of completing within 30 minutes

Non Elites: Capable of completing within 60 minutes

Please be honest and realistic when deciding which level to enter. Swimmers in both waves who cannot make the time window will be pulled out by the River Controller.

The wearing of wet suits is **compulsory**.

No entries on the day

Entrant details

Please complete in block capitals:

Title: Forename:

Surname:

Address:

Post Code: _____

Phone (day): _____

Phone (eve): _____

Mobile:*

Email:*

**by giving us your e-mail address, you agree that we may use it to send you information about our work and fundraising activities.*

Please send your completed entry form and registration fee to:

Marie Curie Cancer Care, 3 Green Street, Truro, Cornwall, TR1 2LH

Registration payment details

Entrance fee: £35 non-refundable

Swim Levels: Please tick

Elite: Max time 30 minutes Male [] Female []

Non Elite: Max time 60 minutes Male [] Female []

Under 18: Your parent or guardian MUST sign the consent form overleaf []

Min age: The minimum age is 10 years.

All swimmers aged 10 -14 years must be accompanied, in the water, by a competent adult swimmer

We ask everyone taking part to raise as much money as they can through sponsorship for the Marie Curie Cancer Care Nursing Service.

Sponsorship forms will be issued once we receive your entry.

I enclose a cheque for £ _____ (Made payable to **Marie Curie Cancer Care**)

Or

Payment by card:

Name as it appears on the card _____

Card number:

Start date: Expiry date:

Card type (e.g. Visa Debit, MasterCard, Visa Credit) _____

Issue Number (if applicable) _____

****Signature** _____

How did you hear about this event? (Please tick) Existing supporter work Fundraiser Leaflet poster

Newspaper Radio Website Magazine TV Word of mouth

Other, please specify _____

For more information Tel: 01872 260500

email: lynda.thomas@mariecurie.org.uk

****** By signing and returning this entry form you declare that, to the best of your knowledge, you are fit to take part in the event and that you have no medical conditions that would endanger you or others taking part. If in doubt you should consult your GP. You understand and accept that you will take part entirely at your own risk and that the organisers accept no liability for death or injury to you or other participants unless caused by our negligence. You also understand that photographs may be taken of you during the event which may be used to publicise future events and the work of the charity generally.

We would like to keep you up to date on our work and fundraising activities. Please tick here if you do not want us to contact you occasionally by post or telephone []

From time to time we would like to share your details with other organisations with similar values for fundraising purposes. Tick here if you do not want us to share your address/phone number []

Marie Curie Cancer Care provides high quality nursing, totally free, to give people with terminal cancer and other illnesses the choice of dying at home, supported by their families.



Charity Registration no. 207994 (England & Wales)
SCO38731 (Scotland)



Parent and Guardian Consent Form

(Name) _____ would like to support Marie Curie Cancer Care by entering the Padstow to Rock Swim event on Sunday 1st July 2012.

Before a young person (under 18 years) can be accepted, Marie Curie Cancer Care needs to obtain parental/guardian permission.

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To be completed by Parent/Guardian

We would be grateful if you consider the event and the capability required. If you are happy that they take on this challenge please complete the following:

I give my permission for: _____ to enter the event as described above.

Signed: _____ Date: _____

Name of Parent/Guardian: _____

Relationship to young person (i.e. Mother, Father, Grandparent): _____

Address: _____

_____ Post Code _____

Telephone No.: Home _____ Work _____ Mobile _____

Is this the address of the young person? Yes [] If not please give their address:

_____ Post Code _____

Telephone No.: Home _____ Work _____ Mobile _____

Additional Emergency Contact Name: _____

Telephone No.: Home _____ Work _____ Mobile _____

Medical Information

Please give details of any medical condition you think we should be aware of:

**Please return to the Marie Curie Fundraising Office,
3 Green Street, Truro, Cornwall, TR1 2LH**