

## PLEASE RETURN THIS FORM TO ANDREW SCRASE by email to <a href="mailto:apscrase@btinternet.com">apscrase@btinternet.com</a>

Special Consideration forms will also be available from the Results Hub on the day of the Championship. All forms should be returned by 12.30 on the day of the championships.

Please ensure your area know of your circumstances.

Athlete's name:	Address:	
Age group:	Date of Birth:	
Mobile number:	Email address:	
Area:	School:	
they MUST travel by their own to	vailability to compete in competitions liste ransport to the SWS Cross Country Champ te team coach on <b>Friday 7<sup>th</sup> March</b> and stay A:	oionship but that for the ESAA
Can attend SWS XC Champships	at Ilton, Somerset on Sat 3 <sup>rd</sup> February?	Yes / No
Can attend <b>ESAA XC National Championships</b> at <b>Pontefract racecourse</b> , on <b>Sat 8<sup>h</sup> March</b> ?		Yes / No
T shirt size require if selected for	r the ESAA Championship:	S/M/L/ExL
Championships:  If the reason for not competing the athlete will be fit and able to	he athlete above was unable to compete is that the athlete is injured or ill, what rorun at the National Championships. If a u are getting and state what measures you	eassurances can you give that pplicable, please state what
If you are injured please state if	f this is new injury or an old one. If it is a	n old one, please say how old.
What do you think caused the ir	njury?	
PREVIOUS PERFORMANCES: Ple	ease state recent performances to suppor	t the selection of this athlete.
Signed	Association to the athlete:	
Mobile number		