

# WELSH ATHLETICS - RACE/EVENT LICENCE

## South Wales Regional Athletics Council

Licence Number	SOUTH R.A.C.TR-39	Date of Event(s)/Race(s)
Race / Event Name	BARRY EPIC TRAIL 10KM	Sat-18-Aug-2018
Promoting Body	Tough Runner UK Ltd	
Venue	Porthkerry Country Park, Barry	
Start & Finish	(Start) Porthkerry Country Park (Finish) Porthkerry Country Park	
Start Time	10am	Race Referee
Discipline	Trail Running	Lesley Stowe

Competition Provider			
Applicant Name	Adam Newton	Comp Provider	Application Date

*This is to certify that the above race has been approved as a Race/Event that will be held under UK Athletics Rules for Competition and in accordance with the Licence Requirements.*



**THIS LICENCE IS VALID UNTIL 23:59 HOURS ON Sat-18-Aug-2018**  
**THIS LICENCE WAS ISSUED ON Fri-27-Jul-2018**

*for and on behalf of Welsh Athletics and SOUTH R.A.C.TR-39 Wales Regional Athletics Council*

*This Registration, in conjunction with your membership, automatically includes Third Party Liability Insurance cover (Limit of Liability £50,000,000 any one accident or occurrence). For further details please contact UK Athletics, Backstraight Stand, Alexander Stadium, Walsall Road, Perry Barr, Birmingham B42 2LR. Telephone 0121 713 8400*

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**THE LICENCE NUMBER MUST BE QUOTED ON ALL RACE ADVERTISING AND CORRESPONDENCE**  
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WALICENCE2015©

**Everything above this line must be displayed on the day of your event**

This Licence is granted on the basis of:

*The correctness of the Licence Application Form and the Licence Standards Form as submitted to Welsh Athletics. **Note:** Substantive changes must be notified to UKA/Welsh Athletics Regional Officer for the Licence to remain valid.*

*Compliance with UKA Rules for Competition and the requirements of the Welsh Athletics Licence Scheme as detailed in the For Track & Field meetings, this licence is issued subject to the restrictions of the track certificate*

*Welsh Athletics Licence Application Form*

*Welsh Athletics Licence Standards Form*

*Welsh Athletics Promoters Return Form*

*Welsh Athletics Medical Returns Form*

*Compliance with the measures specified in the event Risk Assessment*

**Compliance with Health & Safety, Food Hygiene, Disability, Discrimination and other relevant National Legislation**

Race Licence Balance		
Entries	Deposit Payment on application	From 01/01/2018
		Balance Due (post-race)
0 - 50	£30.00	£30.00
51 - 100	£30.00	£30.00
101 – 150	£30.00	£30.00
151-200	£50.00	£65.00
201-300	£50.00	£95.00
301-400	£50.00	£155.00
401-500	£50.00	£200.00
501-600	£50.00	£280.00
601-700	£50.00	£320.00
701-800	£50.00	£400.00
801-900	£50.00	£460.00
901-1,000	£50.00	£510.00
1,001-2,000	£50.00	£875.00
2,001-3,000	£50.00	£1,350.00
3,001-4,000	£50.00	£1,750.00
4,001-5,000	£50.00	£2,200.00
5,001-10,000	£50.00	£3,500.00
10001 - 15000	£50.00	£6,000.00
15001 - 20000	£50.00	£8,200.00
20001 - 25000	£50.00	£11,000.00
25001 – 30000	£50.00	£13,000.00
30001 – 35000	£50.00	£15,000.00
35001 – 40000	£50.00	£17,500.00

## EVENT PROMOTERS RETURN FORM

RACE NAME **BARRY EPIC TRAIL 10KM** LICENCE No **SOUTH R.A.C.TR-39**  
 RACE DATE **Sat-18-August-2018** REGION **South**

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

### INFORMATION TO BE RETURNED BY **Mon-17-September-2018**

12:00 AM	COPY OF A COMPLETED UKA RACE MEDICAL RETURN	
12:00 AM	A COMPLETE LIST OF RACE ENTRIES	
12:00 AM	A COPY OF THE FULL RACE RESULT SHEET	
12:00 AM	A CHEQUE FOR THE LICENCE BALANCE	

PLEASE GIVE DETAILS OF **ENTRIES** RECEIVED FOR YOUR RACE:

TOTAL NUMBER OF ATTACHED RUNNERS	MEN	<input type="text"/>	WOMEN	<input type="text"/>	TOTAL	<input type="text"/>
NUMBER OF UNATTACHED RUNNERS	MEN	<input type="text"/>	WOMEN	<input type="text"/>	TOTAL	<input type="text"/>
	TOTAL MEN	<input type="text"/>	TOTAL WOMEN	<input type="text"/>		

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

IS YOUR RACE TO BE HELD AGAIN NEXT YEAR YES  NO  UNDECIDED

PLANNED DATE OF NEXT YEARS RACE

CONTACT NAME FOR NEXT YEARS RACE Mr/Mrs/Miss

*(If no race is planned for next year you must still give a contact name & address so that the levy receipt can be sent)*

ADDRESS	
	POST CODE
EVENING TEL No.	
MOBILE TEL No.	
DAYTIME TEL No.	
EMAIL ADDRESS	

**PLEASE RETURN THIS FORM AND REQUESTED PAPERWORK TO WELSH ATHLETICS LICENCE OFFICER**

**Regional Licence Officer.**

Name	Jacqueline Brace	Telephone Number	02920 644 870
Address	Cardiff International Sports Campus, Leckwith Road, Cardiff. CF11 8AZ		
Email	jacqueline.brace@welshathletics.org		
Seen & Noted:	Signature	<i>Jacqueline Brace</i>	Date
			Fri 27 July 2018 12:34

# Welsh Athletics



WELSH ATHLETICS  
ATHLETAU CYMRU



**CONFIDENTIAL WHEN COMPLETED**

## RACE-EVENT MEDICAL RETURN FORM

EVENT NAME	BARRY EPIC TRAIL 10KM	LICENCE No	SOUTH R.A.C.TR-39
EVENT DATE	Sat-18-Aug-2018	REGION	South
	Porthkerry Country Park, Barry	START TIME	10am
COURSE LOCATION	(Start) Porthkerry Country Park (Finish) Porthkerry Country Park		
PROMOTING BODY	Tough Runner UK Ltd		

APPROXIMATE NUMBER OF ENTRIES	TOTAL:		MEN:		WOMEN:	
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WAS A SPECIFIC LEVEL OF MEDICAL COVER ADVERTISED ?	YES	NO	LEVEL 1	LEVEL 2	LEVEL 3
(see accompanying sheets for details)	IF YES		Please circle level advertised		

**PROMOTERS PLEASE NOTE:**  
 A COMPLETED COPY OF THIS FORM SHOULD BE RETURNED TO THE LICENCE ISSUING BODY AT THE SAME TIME AS THE RACE PROMOTERS RETURNS FORM (N.B: within 1 month of the actual race, stated above)  
 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)

<b>WEATHER</b>					
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 - 39	40 & over	Under 20	20 - 39	40 & over
Defibrillated							
Hospitalisation							
Death							
Total							

### MEDICAL PROVISION (ACTUAL ON DAY)

Doctors (number of)	Nurses (number of)	Ambulances (number of)
Paramedics (number of)	Physios (number of)	Defibrillators (number of)
First Aiders (number of)	Organisation:	Contact Tel. No:
Other		
Race Medical Officer /		Contact Tel. No.
Lead Clinician		



## RACE-EVENT REFEREE REPORT FORM

RACE NAME	BARRY EPIC TRAIL 10KM	LICENCE No	SOUTH R.A.C.TR-39
RACE DATE	Sat-18-August-2018	REGION	South
VENUE	Porthkerry Country Park, Barry	REFEREE	10am

### 1. RACE LICENCE

(A) Was it displayed and in a conspicuous place?	YES		NO	
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### 2. RISK ASSESSMENT

(A) Was the risk assessment available for Inspection on the day?	YES		NO	
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### 3. START AREA

(A) Was area well marked?	YES		NO	
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(B) Was area well supervised?	YES		NO	
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(C) Was area free from traffic hazards?	YES		NO	
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(D) Did the race(s) start on time?	YES		NO	
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### 4. COURSE SIGNAGE

(A) Were you aware of any problems with the signing of the Course	YES		NO	
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### 5. RACE SUPERVISION

(A) Was there a lead vehicle?	YES		NO	
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(B) Was there a 'sweep' vehicle?	YES		NO	
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### 6. POLICE

(A) Were Police in attendance	YES		NO	
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### 7. COURSE MARSHALLS

(A) Were they suitable	YES		NO	
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(B) Were they wearing high visibility clothing?	YES		NO	
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(C) Were they all positioned at appropriate locations on the course?	YES		NO	
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### 8. WATER/FEEDING STATIONS

(A) Were they provided at appropriate locations on course and at the finish?	YES		NO	
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### 9. FINISH AREA

(A) Was the area in a safe location?	YES		NO	
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(B) Was the area well marked?	YES		NO	
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(C) Were there sufficient marshals to ensure correct finishing order?	YES		NO	
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(D) Were there sufficient Timekeepers & Recorders?	YES		NO	
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### 10. FIRST AID

(A) Give details of qualified Medical / First Aid actually present :-

### 11. WEATHER CONDITIONS (please describe):-

### 12. TOILET FACILITIES

(A) Were they available in adequate numbers at start and finish?	YES		NO	
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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.

Your Full Name In capitals Please				
Address				
Telephone number	Signed		Date	

#### Regional Licence Officer.

Name	Jacqueline Brace	Telephone Number	02920 644 870	
Address	Cardiff International Sports Campus, Leckwith Road, Cardiff. CF11 8AZ			
Email	jacqueline.brace@welshathletics.org			
Seen & Noted:	Signature	Jacqueline Brace	Date	Fri 27 July 2018 12:34