

WELSH ATHLETICS - RACE/EVENT LICENCE

West Wales Regional Athletics Council

| | | |
|-------------------|--|--------------------------|
| Licence Number | WEST R.A.C.TR-07 | Date of Event(s)/Race(s) |
| Race / Event Name | BUFF WINTER TRAIL 10KM | Sat-12-Jan-2019 |
| Promoting Body | Tough Runner UK | |
| Venue | Bryn Bettws Lodge, Afan Forest Country Park | |
| Start & Finish | (Start) Bryn Bettws Lodge (Finish) Bryn Bettws Lodge | |
| Start Time | 11am | Race Referee |
| Discipline | Trail Running | Graham Finlayson |

| | | | |
|----------------------|-------------|---------------|------------------|
| 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-12-Jan-2019
THIS LICENCE WAS ISSUED ON Wed-02-Jan-2019

for and on behalf of Welsh Athletics and WEST R.A.C.TR-07 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

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

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 **BUFF WINTER TRAIL 10KM** LICENCE No **WEST R.A.C.TR-07**
 RACE DATE **Sat/12/Jan/2019** REGION **West**

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/11/Feb/2019**

| | | |
|---|---|--|
| 1 | COPY OF A COMPLETED UKA RACE MEDICAL RETURN | |
| 2 | A COMPLETE LIST OF RACE ENTRIES | |
| 3 | A COPY OF THE FULL RACE RESULT SHEET | |
| 4 | A CHEQUE FOR THE LICENCE BALANCE | |

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

| | | | | | | |
|----------------------------------|-----------|--|-------------|--|-------|--|
| TOTAL NUMBER OF ATTACHED RUNNERS | MEN | | WOMEN | | TOTAL | |
| NUMBER OF UNATTACHED RUNNERS | MEN | | WOMEN | | TOTAL | |
| | TOTAL MEN | | TOTAL WOMEN | | | |

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 |
| | | | 02/01/2019 |

Welsh Athletics



WELSH ATHLETICS
ATHLETAU CYMRU



CONFIDENTIAL WHEN COMPLETED

RACE-EVENT MEDICAL RETURN FORM

| | | | |
|-----------------|--|------------|------------------|
| EVENT NAME | BUFF WINTER TRAIL 10KM | LICENCE No | WEST R.A.C.TR-07 |
| EVENT DATE | Sat/12/Jan/2019 | REGION | West |
| | Bryn Bettws Lodge, Afan Forest Country Park | START TIME | 11am |
| COURSE LOCATION | (Start) Bryn Bettws Lodge (Finish) Bryn Bettws Lodge | | |
| PROMOTING BODY | Tough Runner UK | | |

| | | | | | | |
|-------------------------------|--------|--|------|--|--------|--|
| APPROXIMATE NUMBER OF ENTRIES | TOTAL: | | MEN: | | WOMEN: | |
|-------------------------------|--------|--|------|--|--------|--|

| | | | | | |
|--|--------|----|--------------------------------|---------|---------|
| WAS A SPECIFIC LEVEL OF MEDICAL COVER ADVERTISED ? | YES | NO | LEVEL 1 | LEVEL 2 | LEVEL 3 |
| <i>(see accompanying sheets for details)</i> | 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)*

| | | | | | |
|----------------|-----------|----------|------------|-------------|----------|
| WEATHER | | | | | |
| 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 | BUFF WINTER TRAIL 10KM | LICENCE No | WEST R.A.C.TR-07 |
| RACE DATE | Sat/12/Jan/2019 | REGION | West |
| VENUE | Bryn Bettws Lodge, Afan Forest Country Park | REFEREE | 11am |

1. RACE LICENCE

(A) Was it displayed and in a conspicuous place?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

2. RISK ASSESSMENT

(A) Was the risk assessment available for Inspection on the day?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

3. START AREA

(A) Was area well marked?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(B) Was area well supervised?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(C) Was area free from traffic hazards?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(D) Did the race(s) start on time?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

4. COURSE SIGNAGE

(A) Were you aware of any problems with the signing of the Course

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

5. RACE SUPERVISION

(A) Was there a lead vehicle?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(B) Was there a 'sweep' vehicle?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

6. POLICE

(A) Were Police in attendance

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

7. COURSE MARSHALLS

(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 | |
|-----|--|----|--|

8. WATER/FEEDING STATIONS

(A) Were they provided at appropriate locations on course and at the finish?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

9. FINISH AREA

(A) Was the area in a safe location?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(B) Was the area well marked?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(C) Were there sufficient marshals to ensure correct finishing order?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(D) Were there sufficient Timekeepers & Recorders?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

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 | |
|-----|--|----|--|

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 | <i>Jacqueline Brace</i> | Date |
| | | | 02/01/2019 |