

# Athletics N.I



Return Completed Form to:

Athletics Northern Ireland  
Athletics House  
Old Coach Road  
Belfast  
BT9 5PR  
info@athleticsni.org

<b>Licence No:</b>
<b>Issued:</b>
<b>Paid (if applicable):</b>

## ATHLETICS NI & UKA TRACK & FIELD PERMIT APPLICATION

<b>Event</b>	<b>Date of Event</b>
<b>Promoting Body/Club</b> (The promoting body must be affiliated to the National Association.) With the authority of and on behalf of the above named organisation, I apply for a Race Licence and for the above named event to be registered as approved by Athletics N.I & UK Athletics.	
<b>PLEASE PROVIDE FULL DETAILS OF PROPOSED EVENT AS FOLLOWS</b>	
<b>Has this race been staged before? (Please Circle)</b> <b>Yes</b> <b>No</b>	
Last Year's Licence Number (If applicable)	
Event Headquarters/Venue	
Event Start Time	
Event Registration Time (If Applicable)	
<b>Is this Event? (Please Circle)</b> <b>Indoor</b> <b>Outdoor</b>	
<b>Is the Track Certified? (Please Circle)</b> <b>Yes</b> <b>No</b>	
<b>Track Size? (Please Circle)</b> <b>200m</b> <b>300m</b> <b>400m</b>	
<b>Track Surface? (Please Circle)</b> <b>Synthetic</b> <b>All Weather</b> <b>Grass</b>	
Age Group Range	
<b>Is this Event a Series? (Please Circle)</b> <b>Yes</b> <b>No</b>	
<b>If answered yes to the above, please detail Series Dates/Venues Below</b>	
Series 1:	
Series 2:	
Series 3:	
Series 4:	
Series 5:	
Series 6:	

**Have you provided an Event Timetable/s? (Please Circle)      Yes      No**

Please note all event timetables (including series events) must be provided with the permit application to be accepted by the Competitions Committee prior to the approval of the permit application.

**Do you have Officials for this Event? (Please Circle)      Yes      No**

**Do you require Athletics Northern Ireland Officials for this Event? (Please Circle)      Yes      No**

**Do you require Athletics Northern Ireland Equipment for this Event? (Please Circle)      Yes      No**

**If answered yes to the above, please select from the list below. (Please Circle)**

**Photo-Finish**

**EDM**

**Other (Please identify)**

Please note that the hire of the above equipment can come at an additional cost.

**Entry Conditions (If Applicable)**

**Please add any additional information that you wish to be published below:**

<b>Medical Provision:</b>
<b>Are you claiming a specific level of Medical Coverage on your entry form?</b>
The medical levels are described on the Medical Level of Cover Sheet that follows. <b>If so: What Level? (Please Circle)</b> <b>Basic (Level 1)    Standard (Level 2)    Enhanced (Level 3)</b>
<b>Who are your Medical Providers?</b>
If you are not using a provider, what qualified First Aid/Medical Cover/Facilities will be provided and by which organisation/s?
<b>Entrants:</b>
Total number of entrants expected
Number of entrants last time event was held
<b>Do you have an entry limit? (Please Circle)    Yes    No</b>
If you answered yes to the above,  What is the reason for your entry limit?
<b>Will entry be on race day? (Please Circle)    Yes    No</b>
Entry Fees
<b>Will you require the use of the Online Entry Facility provided by Athletics Northern Ireland?</b>  <b>(Please Circle)    Yes    No</b>  If you answered yes to the above, please complete the online entry form attached.
<b>Is this event a recognised Championship Competition? (Please Circle)    Yes    No</b>
I undertake on behalf of the promoting body that the event will be conducted in conformity with the Rule and Licence Standards. These can be found on <a href="http://www.athleticsireland.ie">www.athleticsireland.ie</a> and <a href="http://www.britishathletics.org.uk">www.britishathletics.org.uk</a>
On receipt of your Athletics NI Permit, we ask you to display the official Athletics NI Logo on promotional material and websites associated with the race as an official rubber-stamp of your race's quality and safety.  I understand that an Equipment and Risk Assessment appraisal is a mandatory requirement and will have been undertaken by the date of the race.  In signing this declaration you agree to all the terms and conditions provided by both Athletics Ireland and British Athletics.

**Contact Information**

The below details may be used for publication.

Signed

Date

Applicants Full Name

Applicants Position

Applicants Address

Post Code

Contact Number

Email Address

Website Address

THIS APPLICATION MUST BE ACCOMPANIED BY:

1. A copy of the proposed entry/registration form
2. A copy of all timetables associated with the event

Note: A licence will only be granted to Athletics N.I affiliated organisations. If the organisation is not affiliated to Athletics N.I an associated affiliation of £50.00 must be applied for. (Application form attached)

**AFFILIATED ORGANISATIONS HAVE PUBLIC LIABILITY INSURANCE UP TO A MAXIMUM LIABILITY OF £20,000,000 ON ANY ONCE OCCURRENCE FOR ANY EVENT FOR WHICH UK ATHLETICS LICENCE IS ISSUED. AN ACCESS OF £250 IS PAYABLE ON THE FIRST AND EACH SUBSEQUENT CLAIM MADE FOR PROPERTY DAMAGE UNDER THE LIABILITY INSURANCE.**

**IF YOU DO NOT WISH TO USE THIS COVER THEN EVIDENCE OF ALTERNATIVE INSURANCE COVER MUST BE PROVIDED.**

**IF YOU EVENT HAS ALTERNATIVE INSURANCE PLEASE PROVIDE DETAILS AND SIGN AND DATE HERE:**

**INSURANCE CO**

**MEET MANAGER SIGNATURE**

**DATE**

**Athletics NI Administration use only**

**Application approved by**

**Date**

Athletics N.I will process the data provided by you in this form for the sole purpose of the proper administration of the Permit Licence  
Athletics N.I will process the data in accordance with the Data Protection Act and in so doing Athletics Services may hold the information on you on a database.