

Athletics N.I



Return Completed Form to:

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

Licence No:

Issued:

Paid (if applicable):

ATHLETICS NI & UKA TRACK & FIELD PERMIT APPLICATION

Event	Date of Event
Promoting Body/Club (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.	
PLEASE PROVIDE FULL DETAILS OF PROPOSED EVENT AS FOLLOWS	
Has this race been staged before? (Please Circle) Yes No	
Last Year's Licence Number (If applicable)	
Event Headquarters/Venue <i>For Mary Peters Track Booking please download and complete the relevant booking form (www.marypeterstrack.com)</i>	
Event Start Time	
Event Registration Time (If Applicable)	
Is this Event? (Please Circle) Indoor Outdoor	
Does this event require extra toilets? Yes No	
If you answered yes to the above, please state how many: <i>Extra toilets are to be booked by the organiser and booking confirmation is required with this application.</i>	
Does this event require extra bins? Yes No	
If you answered yes to the above, please state how many: <i>Extra bins are to be booked by the organiser and booking confirmation is required with this application.</i>	
What competition rules is this event staged under? (Please Circle) UKA IAAF Other	
If you answered other to the above, please state what this is.	
Is the Track Certified? (Please Circle) Yes No	
Track Size? (Please Circle) 200m 300m 400m	
Track Surface? (Please Circle) Synthetic All Weather Grass	

Age Group Range
Is this Event a Series? (Please Circle) Yes No
If answered yes to the above, please detail Series Dates/Venues Below
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.
Please provide the name of the Event Meeting Manager:
Please indicate who will be carrying out the below functions/Roles:
Pre-Event
Preparations (Race Numbers/Entries/Field Cards):
On the Day
Registration:
Results:
Start Lists/Seeding:
Announcer:
Litter Clear up:
Post-Event
Preparations (Results to Athletics NI, Reports)
Do you have Officials for this Event? (Please Circle) Yes No
If you answered yes to the above, please provide us with the number of Officials and Roles covered:
Do you require Athletics Northern Ireland Officials for this Event? (Please Circle) Yes No

Will you be providing Refreshments for Officials?

If you answered yes to the above, please indicated where this will be located.

Do you require the hire of the Les Jones Room? (Please Circle) Yes No

Will there be a call room in operation? Yes No

If you answered yes to the above, please give details as to who will be in charge of this and where this will be located.
(Call Room timetable will be required)

If you answered no to the above, please give details as to how athletes will be brought to their events and time requirements.

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

Podium

Hurdles

High Jump Bed

Pole Vault Bed

Tape Measure

Rake

PA System

Music

Walkie Talkies

Electric Timing

Other (Please identify)

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

Is there any event specific information that the venue provider & officials should be made aware of? (i.e. Start Rules/Opening Heights & Progressions) Please state below:

Will there be event presentations? **Yes** **No**

If you answered yes to the above, please provide a presentation format.

Entry Conditions (If Applicable)

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

Medical Provision:

Are you claiming a specific level of Medical Coverage on your entry form?

The medical levels are described on the Medical Level of Cover Sheet that follows. **If so: What Level? (Please Circle)**
Basic (Level 1) Standard (Level 2) Enhanced (Level 3)

Who are your Medical Providers?

If you are not using a provider, what qualified First Aid/Medical Cover/Facilities will be provided and by which organisation/s?

Please provide confirmation of your Medical booking along with this application form

Entrants:

Total number of entrants expected

Number of entrants last time event was held

Do you have an entry limit? (Please Circle) Yes No	
If you answered yes to the above, What is the reason for your entry limit?	
Will there be pre-entry? (Please Circle) Yes No	
If you answered yes to the above, please state how you will collect this.	
Will entry be on race day? (Please Circle) Yes No	
Entry Fees	
Will you require the use of the Online Entry Facility provided by Athletics Northern Ireland? (Please Circle) Yes No If you answered yes to the above, please complete the online entry form attached.	
Is this event a recognised Championship Competition? (Please Circle) Yes No	
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 www.athleticsireland.ie and www.britishathletics.org.uk	
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>(All material with the Athletics NI brand must be approved by Athletics NI prior to publication)</i>	
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 Athletics Northern Ireland, 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:	
<ol style="list-style-type: none"> 1. A copy of the proposed entry/registration form 2. A copy of all timetables associated with the event including call room if applicable. 3. A copy of the medical booking confirmation 4. A copy of extra toilet or bin booking confirmation if applicable 5. A copy of the officials roles and responsibilities on the day of the event 6. A copy of the venue booking confirmation 	
<p>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)</p>	
<p>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.</p> <p>IF YOU DO NOT WISH TO USE THIS COVER THEN EVIDENCE OF ALTERNATIVE INSURANCE COVER MUST BE PROVIDED.</p> <p>IF YOU EVENT HAS ALTERNATIVE INSURANCE PLEASE PROVIDE DETAILS AND SIGN AND DATE HERE:</p>	
INSURANCE CO	
MEET MANAGER SIGNATURE	DATE
Athletics NI Administration use only	
Application approved by	Date
<p>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.</p>	