



## G.I. Jane 2010

Dear Recruit

A.T.T.E.N.T.I.O.N

Firstly, thank you for enquiring about 'G.I. Jane 2010.' We are delighted that you have decided to join us by taking part and raising money for Meningitis Research Foundation. The event will take place on **Saturday 27<sup>th</sup> February 2010** at **The Scout Centre** located within **Crawfordsburn Country Park**.

Please find enclosed a registration pack containing registration form, medical declaration, event details along with some charity literature. Please note that sponsorship forms will follow once you have registered for the event.

Please complete the registration and medical declaration forms and return to us enclosing a **£30** registration fee. Starting zones and more information will be posted nearer the time. **£100** minimum sponsorship is required to take part. Please remember that you can increase the value of each donation by encouraging your sponsors to complete the **Gift Aid** column on each sponsor form. Why not get started and raise your sponsorship online. Visit [www.justgiving.com](http://www.justgiving.com) for more information.

Meningitis Research Foundation fund research to prevent meningitis and septicaemia, improve survival rates and outcomes. We promote education and awareness to reduce death and disability, and give support to people affected.

We hope you can join us for what should be a memorable day!

**Emma Collins**  
Fundraising Officer

**Keli Wilkinson**  
Fundraising Officer

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## MISSION

### 09.15 Hours

Registration is between 9.15am – 9.50am in 'The Lid' located in The Scout Centre. It will be signposted on the day. All participants must register to take part.

### 10.00 Hours

Each recruit to report for the following: Drill and general warm up session

### 10.30 Hours

Each recruit must report to their starting zone for their safety briefing (Starting Zone allocated nearer the event.)

### Zone 1 – Adventure Zone

Includes: Climbing Wall, Sky Runners and Management Games

### Zone 2 – Adrenalin Zone

Includes: Go-Karts, Beaver Trail (team challenge) & Zip Line

### Zone 3 – Game Zone

Military themed physical and mental challenges will take place at the Main cabin and Whiteman's Plantation area.

### Zone 4 – Skill Zone

Includes: Archery, Assault Course and Caving

### Zone 5 – Climbing Zone

Includes: Abseil, Crate Climb & Orienteering

### 15.30 Hours

Mission accomplished, followed by food and prize ceremony.

**Car parking** - At The Scout Centre (80 spaces) or Crawfordsburn Country Park

**Suits** - Each recruit will be provided with suit and camouflage

**Sponsor money** - To complete your mission please bring sponsor money and sponsor forms with you on the day. If you can bring your money in the form of a cheque made payable to 'Meningitis Research Foundation' it would be greatly appreciated.

**Prizes - Title** 'G.I. Jane 2010' will be the overall prize winner but there will be a prize for most successful team and spot prizes on the day.

Welcome to Boot Camp!

G.I. JANE



# G.I. JANE

27 February 2010

## Registration Form

Please complete in BLOCK CAPITALS

### Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (mobile) \_\_\_\_\_

Please tick this box if you are happy to receive email and other electronic forms of communication from Meningitis Research Foundation.

Please let us know what size you are: Small  Medium  Large  X-large   
(Suits will be provided on day )

Please tick the box if you are a vegetarian

Reason for participating: \_\_\_\_\_

### Next of Kin (in case of emergency)

Name \_\_\_\_\_

Contact Tel \_\_\_\_\_ Relationship \_\_\_\_\_

### Please read the declaration and sign

I confirm that I will be participating in 'G.I. Jane 2010' I am **16 or over** and will raise sponsorship in aid of Meningitis Research Foundation, and that I have no medical condition which would restrict me from participating in this event. Meningitis Research Foundation, its employees, agents and volunteers cannot be held liable for any claims for injury during participation in this event other than injury caused by our negligence. We have taken all reasonable steps to eliminate the chances of injury but there is a certain minimal risk in every activity and you should withdraw from the event if you have any doubts. While public liability insurance is in force this does not cover personal accidents other than personal injury caused by our negligence. We reserve the right to remove any participant who does not abide by the rules. Photographs may be taken of you during the event which may be used to publicise the event and the work of the charity in general.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Will you be entering as: Team  Individual

Team Name: \_\_\_\_\_ Company name if applicable: \_\_\_\_\_

**Registration Fee of £30** required per person (price covers activities, suit and food/drink)

Please make cheques payable to 'Meningitis Research Foundation.'

Teams can consist of up to 6 members. A signed form and fee is required for each member.

**£100 minimum sponsorship** required per person

#### DATA PROTECTION STATEMENT

Any information you provide will/may be held by Meningitis Research Foundation. We may use it to inform you about events and services offered by ourselves or by selected third parties. This may be by post, telephone or e-mail. If you prefer not to receive these communications please tick the appropriate box below:

No future contact by Meningitis Research Foundation

No future contact by 3rd party partners

**Please return completed registration & medical form with fee to  
Meningitis Research Foundation, 71 Botanic Avenue, Belfast, BT7 1JL**

# Individual Registration & Medical Declaration Form

<p><b><u>Personal Information</u></b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Tel. No. _____ Mob. No. _____</p> <p>Email _____</p>
<p><b><u>Emergency Contact Details</u></b></p> <p>Name _____ Relationship _____</p> <p>Address _____</p> <p>_____</p> <p>Tel. No. _____ Mob. No. _____</p>
<p><b><u>Medical Information</u></b></p> <p>Any medical conditions that may affect your ability to participate in outdoor activities? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If YES then please provide details below.</p> <p>_____</p> <p>_____</p>
<p><b><u>Declaration</u></b> – I agree to abide by all regulations set down by The Scout Centre staff to ensure the safety of everyone participating in the activities. I understand that The Scout Centre and/or its representatives are not liable whatsoever in respect of any personal injury, loss or damage to personal property, unless the personal injury, loss or damage is the result of negligence on the part of The Scout Centre and/or its representatives. I give permission to receive emergency first aid and any medical treatment that may be deemed appropriate</p> <p>Photographs may be taken for promotional purposes. If you do <b>NOT</b> wish them to be used then please tick here <input type="checkbox"/></p>
<p>Signed _____ Date _____</p> <p><b>Parent or guardian if under 18</b></p> <p>All information received is treated in the strictest confidence and this form remains the property of Meningitis Research Foundation</p>