

CYCLIST REGISTRATION FORM

Welcome to your first CYCALL ride. We are delighted that you have decided to join us. Please complete this form before your CYCALL ride. Thank you.

DATA COLLECTION

We collect data to make sure we have contact details in case of an emergency. We may also contact you to update you about future CYCALL rides. We also use the anonymous data to help us apply for funding. We will never sell your personal data. All data will be stored securely. Please ask to see our GDPR policy.

Please ask if you need help filling in this form or call Martine on 07784918122 if you would like to dictate your information to us.

PARTICIPANT DETAILS

Full Name: (Participant)		
Phone Number:		
Date of Birth:		
Address: (incl Postcode)		
Email		

PARENT/GUARDIAN/CARE-GIVER DETAILS

Full Name:	
Relationship to Cyclist:	
Contact Telephone Number:	
Emergency Contact Name/Tel Number*	

* If you are attending with a group we will expect the group leader to have emergency contact details. Please fill in the emergency contact details for the group leader.

Participants Information

Gender:		Ethnicity	
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Weight:	
Medical Info	

How is your health in general? (Please circle)

Good / Very Good / Fair / Poor / Very Poor / Prefer not to say

Current level of activity: In a typical week

On how many days per week do you do at least 10 mins of moderate activity?*	
On how many days per week do you do at least 30 mins of moderate activity?*	

* This is a moderate physical activity which will increase your heart rate.

Please tell us how you found out about us?

- Came with a group
- Internet Search
- I saw a leaflet/poster
- Health Professional
- A friend/relative or key giver told me
- Newspaper
- Social Media (Facebook, Twitter)
- Other _____

Photography consent CYCALL would like to ask for the right to use photograph/s or film taken of you at our cycling sessions. These may be used and edited for all general marketing purposes to promote inclusive cycling, including website and social media content, leaflets, posters, press releases, fundraising appeals, newsletters and articles. We cannot pay or reward you for providing this authorisation. **I AGREE / I DO NOT AGREE (Please delete where applicable)**

Are you happy for CYCALL to contact you by;

- Phone
- Email
- Post

(Please contact 07784918122 or email cycallworthing@gmail.com at any time to change your preference)

- I have read and agreed to CYCALL's Ground Rules and Terms & Conditions and so have all the people who accompany me
- I accept that there may be an element of risk in all activities, but am satisfied to proceed with the session
- I confirm that I have the consent of my emergency contact to share his/hers personal details
- Signed _____ Date _____

If signing on behalf of participant please indicate your relationship to them Caregiver/Parent/Guardian Care Worker Teacher
 Other _____

