



Motherwell Cheshire Charity Sponsored Cycle Ride - June 15th 2019 Registration form

Name		DOB
Address		
Tel :		
Email		
GP Name		
GP Address & telephone number		
Next of Kin/ Emergency Contact & telephone number		

MEDICAL DETAILS			
Diabetes		Heart condition	Circulatory problems
Skin conditions		Radiotherapy/chemo	Asthma
Immune system disorders		Muscular problems	Epilepsy
High/low blood pressure		Blood clotting disorders	Sinus problems
Skeletal problems		Perforated ear drum or grommets	Allergies
Medication		Recent operations	Cancer
Epilepsy		Other conditions	

I confirm that the medical information that I have given is accurate and complete and I have not withheld any information which may be relevant to my treatment. I provide this information voluntarily and agree to this record being kept on the understanding that it will be held in strict confidence and only used in conjunction with my treatment.

I have received an initial information pack on

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(Full information pack will follow on receipt of this form plus registration fee.)

I intend to cycle from Crewe / Winsford (please circle as appropriate)¹

Participant signature:	Date:

¹ You will be able to amend this up to 2 weeks before the event

Office Use Only:

Registration fee of £20 received on Staff Member
Initials.....

Full pack sent on Staff Member
Initials.....