

Cycle Happy Registration Form

(Supported Participant and under 18's)

Participant details

Name _____

Address _____

Email : _____

Contact phone number : _____

Medical / health / disability information

Please make a note below of any medical conditions we need to know about.

Photographs.

We take photos and videos to use on our website and for publicity. Are you happy for us to use your photo? Yes No

I agree to the following conditions:

- I/we will wear a helmet when riding.
- I/we will ride with care and respect for other riders.
- I/we will follow instruction and guidance from the coaches.
- Parent/carer will be responsible for the participant throughout the session

Signed _____ (participant)

_____ (parent/carer)

Date _____