



**FORGE
VALLEY**

Adult- Public Cycling Registration Form

I, _____ have read the information contained in this notice along with the general information and safety rules leaflets provided by the school and hereby consent to taking part in casual and non-supervised cycling entirely at my own risk. I have considered the nature of such activity and I am sufficiently responsible and competent to assume full and entire responsibility for my own safety and to use the facilities in a safe and responsible manner, following any instructions and guidance provided.

Signed:

Date:

Participant Details

Name: _____ Male/Female (delete as appropriate)
Date of Birth _____

Address: _____ British Cycling Member: Y/ N
If so membership number: _____

Email Address: _____

Emergency Contact Details

Name: _____ Relationship to Participant: _____

Contact telephone number _____

Medical Information

Please make a note below of any medical conditions you feel we need to know about. If you have any concerns about participating in any form of physical activity then please consult your GP before participating on the cycle circuit.

The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment which has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities".

Do you consider yourself to have a disability? Yes () No () Prefer not to say ()

