

# BIKE FOR LIFE APPLICATION FORM



Return Completed forms with fee before 4pm on Friday 10th March 2017 to  
Theresa Kilgannon, Sligo Sport and Recreation Partnership Office, MSL ETB, Quay Street, Sligo  
Limited Places Apply, places allocated on a first come first served basis

## PROGRAMME DETAILS:

PROGRAMME LOCATION: Meeting Point, Riverside Hotel, Riverside, Sligo

DATE: 15<sup>th</sup> March 2017  
Time: 6pm

## PERSONAL DETAILS:

NAME:

ADDRESS:

MOBILE:

EMAIL:

GENDER: Male  Female

DATE OF BIRTH: / /

## CYCLING IRELAND MEMBERSHIP DETAILS:

## PROGRAMME FEE €30

CYCLING IRELAND MEMBER:  YES  NO

Cheque  Cash

Please make cheques payable to Sligo Sport and Recreation Partnership

### DISABILITY:

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which as a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities.'

Do you consider yourself to have a disability?

YES  NO

Details: \_\_\_\_\_

### MEDICAL:

Please detail below any important medical information that our Leader/Co-ordinators should be aware of (e.g. epilepsy, asthma, diabetes, food allergies etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT DETAILS:

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact Name:

Emergency Contact Number:

Signature of Participant:

## PARENT OR GUARDIAN CONTACT DETAILS:

\*If the participant is under 18 years of age, please get a parent or guardian to sign below:

Name:

Contact Number:

Signed:

Date:

# BIKE FOR LIFE QUESTIONNAIRE

Cycling Ireland is delighted to introduce to you the Bike for Life programme. This programme has been designed to assist riders who want to develop knowledge, skill and fitness by providing a flexible programme that can easily be tailored to your needs by a trained Bike for Life Leader.

In order to assist your Bike for Life Leader please complete the following questionnaire:

## PERSONAL DETAILS:

NAME:

DATE:

AGE PROFILE:  16 to 30yrs  31 to 45yrs  46+yrs

## PERSONAL PROGRAMME GOALS:

What do you hope to achieve through participating in the Bike for Life programme?

Please tick appropriate box or boxes, please note that you may wish to tick more than one box.

- Increase general Cycling Proficiency and Skills
- Confidence to cycle in high volume traffic areas
- Ability to cycle for up to 45 minutes with greater level of confidence and competence
- Ability to cycle for up to 1.5 hours with greater level of confidence and competence
- Participate in Mass Participation Cycling Challenge of 50 to 60km
- Participate in Mass Participation Cycling Challenge of a least 75km
- Compete in your first Cycling Race
- Other (give details): \_\_\_\_\_

## EXERCISE HISTORY:

How often do you exercise, on average, each week?

- 0 to 45 minutes
- 45 minutes to 2 hours
- 2 to 5 hours
- At least 5 hours

How often do you cycle each week?

- Less than once a week
- Once or twice per week
- At least three times per week

What is the average length of a cycling ride you can do without taking a break?

- 0 to 30 minutes
- 30 minutes to 1 hour
- 1 to 2 hours
- At least 2 hours

How confident are you cycling in traffic?

- Very nervous on the road, regardless of traffic volume
- Bit nervous in medium to high traffic volume
- Relatively confident in traffic
- Confident in all traffic environments

## SIGNATURE:

Signature of participant: