

# BIKE FOR LIFE APPLICATION FORM



## PROGRAMME DETAILS:

PROGRAMME LOCATION:

DATE:

## PERSONAL DETAILS:

NAME:

ADDRESS:

MOBILE:

EMAIL:

GENDER: Male  Female

DATE OF BIRTH:            /            /

## CYCLING IRELAND MEMBERSHIP DETAILS:

CYCLING IRELAND MEMBER:  YES     NO

### 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: