**Registration Form**

|  |  |  |  |  |  |  |  |  |
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| **About you:** | | | | | | | | |
| **Full Name** |  | | | | **Date of Birth** |  | | |
| **Address** |  | | | | **Postcode** |  | | |
| **Gender** |  | | |
| **Telephone Number 1** |  | | | | **Telephone Number 2** |  | | |
| **Email** |  | | | |  |  | | |
| **How did you hear about us?** |  | | | |  |  | | |
| **Preferred method of contact (Please mark as appropriate)** | | | | | | | | |
| Telephone | | | Text | Email | | | | Video Call |
| **Do you have:** | | | | | | | | |
| **A known heart condition?** | | | | | | Yes  No | | |
| **Epilepsy, episodes of fits, blackouts or fainting?** | | | | | | Yes  No | | |
| **Allergies?** | | | | | | Yes  No | | |
| **Diabetes?** | | | | | | Yes  No | | |
| **Asthma or any other breathing difficulties?** | | | | | | Yes  No | | |
| **Back, neck or joint problems?** | | | | | | Yes  No | | |
| **Sight or hearing impairment?** | | | | | | Yes  No | | |
| **Any other medical condition which may affect your ability to cycle?** | | | | | | Yes  No | | |
| **If you have answered YES to any of the above, please give details below, including information on any medication or other treatments you are receiving:** | | | | | | | | |
| **About your ability to ride:** | | | | | | | | |
| **I have cycled before** | | | | | | Yes  No | | |
| **I feel confident on a bike** | | | | | | Yes  No  Not sure | | |
| **I have good balance** | | | | | | Yes  No  Not sure | | |
| **I have good strength** | | | | | | Yes  No  Not sure | | |
| **Your motivations:** | | | | | | | | |
| **I wish to join Re-Discover Dundee to: (tick all that apply) I wish to take part in:**  Increase my physical activity  A taster session  Increase my overall wellbeing  A one-off ride  Be outdoors more  Regular rides  Get reacquainted with cycling  Meet new people  Try something new  Other, please specify: | | | | | | | | |
| **Your motivations: (cont.)** | | | | | | | | |
| I'm new or returning to riding a bike  I'm an occasional bike rider  I'm an experienced regular bike rider | | | | | | | | |
| **Availability (tick as applicable)** | | | | | | | | |
| **Monday**  **Tuesday**  **Wednesday**  **Thursday**  **Friday**  **Saturday**  **Sunday** | | | | | | | | |
| **Emergency Contact** | | | | | | | | |
| **Full Name** | |  | | **Relationship** | | |  | |
| **Address**  **(including postcode)** | |  | | **Tel. Number 1** | | |  | |
| **Tel. Number 2** | | |  | |
| **Data Protection statement:** The information on this form will be stored electronically, accessed only by approved staff and volunteers, and processed for the strict purposes of the delivery of the service. Re-Discover Dundee will not disclose the information on this form to other individuals or organisations except where there is a legal requirement or explicit consent is received from yourself.  The information I have provided can be processed as described above. | | | | | | | | |
| **Disclaimer for Riders:** I understand and will abide by the T&Cs required by ReDiscover Dundee for the safe participation in this activity and agree to act responsibly and adhere to the rules of the road and countryside. Cycle ride leaders and assistants are solely to indicate the direction and it is my responsibility to ensure that any manoeuvre is carried out safely. I hereby maintain that I am fit and healthy enough to participate. I also accept that ReDiscover Dundee cannot be held responsible for any personal injury, accident, loss, damage or public liability during the ride. ReDiscover Dundee rides are covered by Cycling UK Organisers’ Public Liability Insurance and participants are covered by third party insurance. If you do not want any photographs used, please advise.  I have read and agree to the above disclaimer. | | | | | | | | |
| **Your Declaration** | | | | | | | | |
| I certify that the information given is correct and complete to be best of my knowledge.  I will advise promptly of any changes in my name, address, contact telephone number or that of my emergency contact, as well as any changes in my health, which might affect my ability to participate in cycle rides. | | | | | | | | |
| **Signature:**       **Date:** Click or tap to enter a date. | | | | | | | | |
| **For use by Re-Discover Dundee Only** | | | | | | | | |
|  | | | | | | | | |

**Please return completed form to:**

ReDiscover Dundee **Or by email to:**

DVVA [greenhealth@dvva.scot](mailto:greenhealth@dvva.scot)

10 Constitution Road

DUNDEE, DD1 1LL

