

Registration Form For Solihull Wheels For All



A Participant details

Full name:
Date of birth:

House number/name and street:

City/County: Postcode:

Tel no: e-mail:

Please provide the name and telephone number of someone who can be contacted in an emergency:

B Health screening

For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people for whom it would be wise to have medical advice before starting:

- | | |
|--|--|
| <p>1 Has your doctor ever said you have a heart conditions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2 Do you feel pain in your chest when you do physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3 Do you ever lose balance because of dizziness or ever lose consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>4 In the past month, have you had pain in your chest when you were NOT doing physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5 Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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Declaration

I understand that if I have answered 'Yes' to one or more of the above questions, I should seek medical advice before attending a cycling programme. I agree to tell the cycle leaders if there is a change in my medical condition. I understand that this information will be shared with other cycle leaders and that I cycle at my own risk.

Signed: Date:

Signed on behalf of participant by Carer / Support worker

Have you been diagnosed by your doctor or health professional with any of the five following medical conditions?

- Heart disease
- High blood pressure
- COPD (Emphysema and Chronic Bronchitis)
- Diabetes
- Asthma

- 7 Do you have a long-standing (i.e.: for more than 12 months and likely to continue) illness, condition or **disability** which affects (or limits) your day to day activities? Yes No Prefer not to say

If Yes, please give brief details:

Please advise the ride leader if you have any other conditions you feel they might need to know of.

To make the case for funding for further projects, please help us by answering the following questions:

C About you

- 1 New Cyclist? Existing Cyclist? Returning Cyclist?
(Beginner cyclist) (Regular cyclist) (Not cycled for three months or more)
- 2 Have you been recommended by your doctor or health professional to come onto this scheme? Yes No
- 3 Please tell us how you found about and joined this scheme
- GP/health professional referral Poster/advertisement School/college
 Leisure Centre Youth group Resident's Association
 Walking group Other (please state which)
- 5 In the **past week**, on how many days have you accumulated **at least 30 minutes** of moderate intensity physical activity such as brisk walking, cycling, sport, exercise, and active recreation? (Do not include physical activity that may be part of your job or usual role activities.)
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- 0 1 2 3 4 5 6 7

Please note: Your details are NOT passed to any third party.

Photo Consent: For promotional purposes, Solihull Wheels For All may wish to take photographs during activities. These images may appear in our printed publications, on our website or be sent to local newspapers. If you consent for Solihull Wheels For All to use images of you for these purposes please tick the relevant box(es):

- Photos for printed publications
 Photos for website/social media usage
 Photos for local news/magazines
 Photos for partners raising charity funds for SWFA
 Film / video footage for website, social media and television

Your consent for any of the above can be withdrawn at any time by contacting cathyfoxswfa@gmail.com

Using and sharing your information

Your information will be held, in accordance with the Data Protection Act 1998. Anonymous data may be used to evaluate the sessions and show funders that they offer value for money. Summary information will also be used by Solihull Wheels For All to further its work on safeguarding and promoting the use of cycling to improve the health of the population. The information will be collected by cycle leaders and passed on to cycle coordinators for inputting into a central secure database. This may be used to draw anonymous reports for/ about Solihull Wheels For All. The results of any analysis may be used to influence and support further funding bids for the local and national schemes and help define the health value of cycling.

I have read and understood the above statement.

Signed: Date:

Signed on behalf of participant by Carer / Support worker



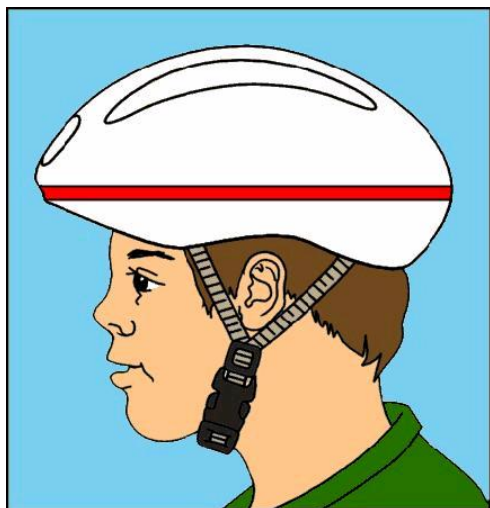
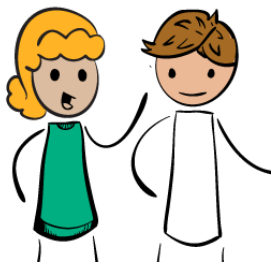


Name of participant.....

These conditions are designed for your safety and the safety of other riders. Please read them carefully:

1. Cycling can be strenuous and therefore riders must be in good health. Riders who have any doubt about their health or have a medical condition that could be affected by exercise, particularly a heart condition, should consult their doctor before participating.

2. **The minimum age for signing consent is 18. Children/ young people aged under 18 can only access a hire bicycle if a parent or legal guardian/ carer aged 18 or over accompanies them and/or has given their prior consent and signed this form.**



I UNDERSTAND THE SESSIONS WILL BE LED BY EXPERIENCED AND QUALIFIED TRAINERS. THEIR JOB IS TO GIVE ADVICE AND SUPPORT ABOUT CYCLING ISSUES, SUCH AS HELMETS, TYPES OF BIKES AND TO ADJUST BIKES WHEN NEEDED. (* Carers can sign for this responsibility)	YES	
	NO	

I UNDERSTAND THAT THERE IS SOME RISK IN DOING THIS ACTIVITY; SUCH AS FALLNG OFF OR BUMPING INTO OTHER BIKES AND TRACK USERS. (* Carers can sign for this responsibility)	YES	
	NO	

I KNOW WHY IT IS IMPORTANT TO WEAR A HELMET.THIS IS TO REDUCE THE RISK OF ME BEING INJURED.(* Carers can sign for this responsibility)	YES	
	NO	

I WILL FOLLOW THE RULES AND CODE OF CONDUCT I HAVE BEEN TOLD ABOUT THIS CYCLING EVENT AND TAKE FULL RESPONSIBILITY FOR MY PERSONAL SAFETY *(* Carers can sign for this responsibility)	
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I WILL NOT BE WEARING A HELMET	YES	
	NO	

I HAVE COMPLETED THE FORM MYSELF	
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SOMEBODY HAS COMPLETED IT WITH / FOR ME	
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SIGNATURE OF SERVICE USERDATE.....

SIGNATURE OF CARER/SUPPORT WORKER.....DATE