**YOUR DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title**  |  | **First Name** |  |
| **Surname** |  |
| **Address** |  |
| **Post Code** |  |
| **Date of Birth** |  |
| **Tel No** |  | **Mobile No** |  |
| **Email** |  |
| **How would you prefer to be contacted? *(please mark applicable box with “X”)*** | Tel |  | Mobile |  | Email |  |
| **Sex? *(please mark appropriate box with “X”)*** | Male |  | Female |  |
| **Height/Weight/****Chest Size?** | Height (cm) |  | Weight (kg) |  | Chest Size*(for Cycle Jersey)* |  |

**PASSPORT DETAILS**

|  |  |
| --- | --- |
| **Full Name as shown on passport** |  |
| **Passport Number** |  | **Expiry Date** |  |
| **Issuing Country** |  | **Nationality**  |  |

**EMERGENCY CONTACT DETAILS (Next of Kin)**

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone No** |  | **Mobile** |  |
| **Relationship** |  |

**INSURANCE DETAILS**

*(Please note: You only need to complete this section if you have existing insurance to cover you for the duration of the event. Should you still need to arrange adequate medical travel insurance for the event, please return your Registration Form at your earliest convenience and forward your insurance details on at a later date)*

|  |  |
| --- | --- |
| **Name of Insurer** |  |
| **Policy Number** |  |
| **Emergency Contact/Claims Phone Number** |  |

**MEDICAL INFORMATION**

**Have you ever suffered from any of the following conditions?**

*(Please put “X” in box (Yes or No), if “Yes” please indicate the date MM/YY when an incident last occurred)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Condition** | **Yes** | **No** | **MM/YY** | **Condition** | **Yes** | **No** | **MM/YY** |
| Heart problems |  |  |  | Diabetes |  |  |  |
| Blood Pressure Problems |  |  |  | Epilepsy |  |  |  |
| Asthma, bronchitis or severe shortness of breath |  |  |  | Head Injuries |  |  |  |
| Tendon, ligament or cartilage damage |  |  |  | Cancer |  |  |  |
| Vertigo |  |  |  | Fractures or Broken Bones |  |  |  |
| Infectious disease |  |  |  | Back Problems |  |  |  |
| Eczema or skin problems |  |  |  | Migraine or severe headaches |  |  |  |
| **If you have said “yes” to any of the above conditions, please give details below:***(Continue at the end of the form if you run out of space)* |
|  |
| **Do you have any known allergies?** |  |
| **Are you currently taking any medication?***(please specify the type and frequency and what it is used to treat)* |  |
| **Have you been hospitalised within the last two years?***(please give details)* |  |
| **Have you every suffered any psychiatric or mental illness?** |  |
| **Do you have any problems with sight, hearing or other senses?** *(please give details)* |  |
| **Are there any other medical issues you feel we should be aware of?** |  |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| **Do you have any special dietary requirements?** |  |
| **Do you have any other special requests?** |  |
| **Where did you hear about us?** |  |

|  |  |
| --- | --- |
| **DECLARATION***(Please confirm by putting an “X” in the end box that you agree with each of the statements below)* | Please Mark X |
| **I confirm that I have read and agree to the Terms & Conditions of event participation***(please see separate document supplied)* |  |
| **I confirm that my general health and fitness is good and I agree to take responsibility for myself in this respect throughout the event** |  |
| **I agree that all information that I have given in this and any other information provided to Chapeau & Unbound Expeditions is complete and accurate to the best of my knowledge** |  |

|  |  |
| --- | --- |
| **Signed:***(if being sent by email print your name only and see below)* |  |
| **Print Name** (post or scanned forms only)**:** |  |
| **Date:** |  |

**DATA PROTECTION**

|  |  |
| --- | --- |
| Please mark “X” the box if you do not wish your email to be shared with other event participants in the Kidneys for Life Italian Cycle Challenge 2016 |  |
| Please mark “X” in the box if you do not wish to receive information from Chapeau / Unbound Expedition about future expeditions / challenges |  |

**Please return this form to Irene Chambers at Kidneys for Life:**

**Post:** Irene Chambers, Kidneys for Life, Renal Research Labs, MRI, Oxford Road, Manchester, M13 9WL

**Email:** fundraiser@kidneysforlife.org

If you print your name in the email box, please cut and paste the sentence below into your email to confirm the details in the Declaration section are correct.

**“I hereby confirm that the details on the form attached to this email are accurate and I have read and understood the Terms & Conditions.”**