

Supporter Registration Form



Who are you supporting?	
Name of Cyclist(s):	
Relationship to Cyclist:	

OR

<i>If attending with a group of cyclists: Name and Address of Organisation the cyclists come from: (Centre must be registered with Wheels for Wellbeing)</i>	
	Postcode:

Supporter Information:

First Name:	
Last Name:	
Nickname/Known By:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Prefer not to say
Contact Telephone Numbers:	Landline: Mobile:
Email Address:	
	<input type="checkbox"/> Would you like to receive our newsletter and updates via email? Tick the box to the left if you DO NOT want to receive this.

Emergency Contact:

<ul style="list-style-type: none"><i>This is someone we can contact on your behalf in the event of an emergency. It is important this person knows you and is willing to assist should you become unwell.</i><i>This can be your employer/manager if you are a paid support worker.</i>	
Name:	
Relationship to you:	
Contact Telephone Numbers:	Landline: Mobile:
Email Address:	

Declaration: *(must be signed before your Cyclist(s) can cycle with us)*

- I have **read and agreed to Wheels for Wellbeing's Ground Rules and Guidelines for Carers and Support Workers.**

Signature: _____ Date: _____

(If signing on behalf of someone else, please indicate your relationship to them)

Manager Colleague Relation Other: _____