

Cyclist registration form (shaded fields are required)



Welcome! We are glad you have decided to join our inclusive cycling sessions.
We require everybody who cycles with us to register by completing this simple form.

Why we collect data:

This is to make sure we have someone to contact in case anything happens to you whilst at our session. Also, we might need to contact you to update you on our sessions. We also collect anonymised statistics about our services. This is necessary to apply for funds and keep our prices low.

What we do with your data:

We will never sell your personal data and will only share it if we are legally required to do so. If you cease to attend Wheels for Wellbeing cycling sessions, we will anonymise your personal information no later than three years after you stop participating. Wheels for Wellbeing full privacy statement can be found on our website <https://wheelsforwellbeing.org.uk/terms-and-privacy-policy/>

If you feel you need help completing this form, please ask for assistance at your first session. Alternatively, you can ring us on 020 73468482 if you would like to dictate your information to us.

Full Name:			
Nickname:		Date of birth:	
Phone Number:		Address:	
	Would you like to be alerted by text of any session cancellations? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If you don't tick either box, you won't be added to our text alert system.</i>		
Postcode:		Borough:	
Email:			
Are you coming with a centre/day care/school group? If yes, please write the name of the centre/day care/school.			

We send out regular e-mail newsletters full of news from the world of inclusive cycling as well as session updates, so you can stay up to date with events, venue changes etc. Please tick which newsletter you would like to be signed up to. If you don't tick any of the boxes, you'll not be added to any of the mailing lists.

Wheelspin
(updates from Wheels for Wellbeing)

Campaigns newsletter
(updates on our campaigns and policy work)

Session update (updates on what's going on at all of our venues, including cancellations, construction work etc.)

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Emergency Contact*:

This is someone we can contact in the event of an emergency. It is important this person knows you/the cyclist and is willing to assist should you/the cyclist become unwell.

***Note for cyclists attending with a Registered Centre/School:** We will contact the organisation in event of an emergency. If someone else should be contacted, enter their details below:

Full name of emergency contact:	
Relationship to Cyclist:	
Contact Telephone Number:	

Cyclist name: _____

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say
Impairment:	<input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Learning Disabilities / Difficulty <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Deaf / Hard of Hearing <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Visual Impairment / Sight Loss <input type="checkbox"/> Down Syndrome	<input type="checkbox"/> ADHD <input type="checkbox"/> Long Term Health Condition(s) <input type="checkbox"/> Recovering from operation or illness <input type="checkbox"/> Dementia <input type="checkbox"/> Ageing-related physical impairment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not Disabled / No Impairments
Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Black/African/Caribbean/Black British <input type="checkbox"/> Mixed heritage <input type="checkbox"/> Other ethnic group: _____ <input type="checkbox"/> Prefer not to say	

How is your health in general?

Very good Good Fair Bad Very Bad Prefer not to say

Current level of activity: In a typical week

On how many days per week do you do at least 10 mins of moderate physical activity**?	(Write in Number of Days)
On how many days per week do you do at least 30 mins of moderate physical activity**?	(Write in Number of Days)

**** This is physical activity which makes you feel warmer and raises your heart rate.**

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Please tell us - Why do you want to cycle with us? (select all applicable options)

- | | |
|--|--|
| <input type="checkbox"/> I want gentle exercise to help my recovery or condition | <input type="checkbox"/> I'm looking for an outdoor activity that I can do with other people |
| <input type="checkbox"/> I want to improve my level of fitness | <input type="checkbox"/> I've never cycled before and I'd like to try it |
| <input type="checkbox"/> I want to be more confident about cycling | <input type="checkbox"/> I don't have a cycle of my own |
| <input type="checkbox"/> I need somewhere traffic-free to ride | <input type="checkbox"/> Cycling is fun! |
| <input type="checkbox"/> I want to take up cycling as a competitive sport | <input type="checkbox"/> Other: _____ |

Please tell us – How did you find out about us? (select all applicable options)

- | | |
|---|---|
| <input type="checkbox"/> Came with my group/centre | <input type="checkbox"/> A friend, relative or key worker told me |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Newspaper, radio or TV |
| <input type="checkbox"/> I saw a leaflet or poster | <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Health Professional (e.g. doctor, nurse, or therapist) | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> School, College or University | <input type="checkbox"/> Through my work |
| <input type="checkbox"/> Other: _____ | |

Please complete a declaration overleaf. Without that the registration won't be complete.

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Declaration: *(must be signed before cycling with us)*

- I understand that the sessions will be led by experienced and qualified cycling instructors.
- I am aware that they will offer me guidance, advice and support with regard to cycling and cycling related matters and I agree to cycle under their supervision.
- **I have read and agreed to Wheels for Wellbeing's Ground Rules and so have all the people who accompany me.**
- I accept that there may be an element of risk in all activities, but am satisfied to proceed with the session.
- I confirm that I have the consent of my emergency contact to share his/hers personal details.

Photography Consent Form:

Wheels for Wellbeing would like to ask for the right to use photograph/s or film taken of you at our cycling sessions.

These may be used and edited for all general marketing purposes to promote inclusive cycling, including website and social media content, leaflets, posters, press releases, fundraising appeals, newsletters and articles.

We cannot pay or reward you for providing this authorisation.

If you are happy to give your photo consent, **please tick this box**

Tick One:

- (Over 18 only) I will attend session independently and take responsibility for my own safety during sessions. I have provided contact details for the person you should contact on my behalf in the event of an emergency.**
- I will always come with someone to support me during cycling sessions and they will assist me in the event of an incident during the session. Each person who supports me will register their details with Wheels for Wellbeing.**

Signature: _____ Date: _____

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

Parent/Guardian Care Worker Teacher Other: _____

**THANK YOU FOR COMPLETING THE FORM.
ENJOY CYCLING!**