

Health Questionnaire & Customer Information Form – World Masters Track Championship rider



Customers please note: - If you are in any doubt as to your medical condition you are strongly advised to consult your Doctor/G.P. before taking part in any form of exercise.

Please print **CLEARLY** using block capitals throughout.

Given Name(s)		Surname	
Address 1			
Address 2			
County/State		Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Country		Postcode/Zipcode	
Date of Birth		Home Tel No	
Mobile No		Next of Kin (Name)	
Next Of Kin (Contact No)		Next of Kin (Mobile No)	
Contact e mail address:			
Cycling Club (If any)		BC/UCI Licence No	

QUESTIONS (delete that which does NOT apply)	Are you currently on any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any serious medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state when – (date)
Have you received medical advice to the effect that you should not participate in aerobic activity or any other form of sport or exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you aware of, or have you any reason to believe that you have, any medical conditions as a result of which it would be prudent to refrain from participating in aerobic activity or any other sport or exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details below

Age Band:	0-15 <input type="checkbox"/>	16-19 <input type="checkbox"/>	20-29 <input type="checkbox"/>	30-39 <input type="checkbox"/>	40-49 <input type="checkbox"/>	50-59 <input type="checkbox"/>	60-69 <input type="checkbox"/>	70+ <input type="checkbox"/>
Ethnic Origin – please tick <input checked="" type="checkbox"/>	White <input type="checkbox"/>	Black – Caribbean <input type="checkbox"/>	Black- African <input type="checkbox"/>	Black, other background <input type="checkbox"/>				
Asian – India <input type="checkbox"/>	Asian – Pakistani <input type="checkbox"/>	Asian – Bangladeshi <input type="checkbox"/>	Asian – Chinese <input type="checkbox"/>	Asian, other background <input type="checkbox"/>				
Mixed, White & Black Caribbean <input type="checkbox"/>	Mixed, White & Black African <input type="checkbox"/>	Mixed - White and Asian <input type="checkbox"/>	Mixed, other background <input type="checkbox"/>	Other Ethnic Background <input type="checkbox"/>				

CONFIRMATION

I confirm that I am not aware of and have not been advised of any medical condition or reason why I should not participate in the activities offered by Velodrome and agree that I do so at my own risk in relation to any pre-existing medical condition.

I confirm that the information given on this form is complete and correct. I also agree that no liability for negligence or otherwise shall attach to the Velodrome Trust or any member of its staff in respect of any injury loss or damage which I may sustain. I understand that none of the confirmations given by me or limitations or exclusions of liability in this questionnaire will apply to or seek to exclude death or personal injury caused by the negligence of the Velodrome Trust or anyone acting on its behalf.

I also agree to inform the National Cycling Centre staff immediately of any change in my condition and to complete and sign a new health questionnaire form.

Signed		Signed (TVT)		Date	
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Eastlands Trust
The National Cycling Centre, Stuart Street, Manchester, M11 4DQ
Tel 0161 223 2244 (option 3) Fax 0161 231 0592 e mail back to admin@nationalcyclingcentre.com