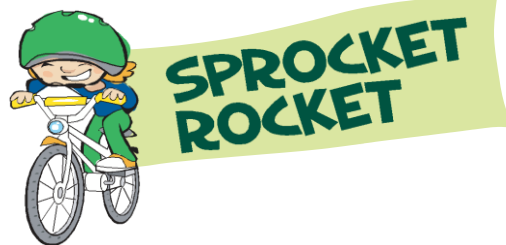


Sprocket Rocket Programme

Membership Form



NAME:	
ADDRESS:	
PHONE NUMBER*:	EMAIL*:
DATE OF BIRTH: / /	CLUB:

* Where the applicant is under 18 please make sure you do not include email or mobile of applicant. For a child/young person these details should be those of the parent or carer.

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which as a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities.'

Do you consider yourself to have a disability? YES NO

If yes, what is the nature of your disability?

Visual Impairment Hearing Impairment

Physical disabilities Learning disability

Multiple Disabilities Other (please specify)

MEDICAL

Please detail below any important medical information that our coaches/club coordinators should be aware of (e.g. epilepsy, asthma, diabetes, food allergies etc)

EMERGENCY CONTACT DETAILS (to be completed by the parent / parent/carer)

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

First contact name (e.g. parent/carer): _____

Emergency contact number: _____

PHOTOGRAPHIC CONSENT

I grant permission for photographs of my child to be taken as part of Sprocket Rocket. The pictures taken may be used for illustration purposes on promotional material, or on our website to display children taking part in the Sprocket Rocket cycling programme.

NAME OF PARENT/CARER:

SIGNATURE OF PARENT/CARER:

DATE: