

Health Questionnaire & Customer Information Form



Customers please note: - If you are in any doubt as to your medical condition you are strongly advised to consult your 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			
Address 3		Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
County		Postcode	
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:			<input type="checkbox"/> I wish to receive e mail news to this address
Cycling Club (If any)		BC Membership No	

QUESTIONS (delete that which does NOT apply)

Do you require Track bike storage	Yes <input type="checkbox"/>
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 No **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"/>
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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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Parental consent form

(please complete any boxes if information different from
Health Questionnaire overleaf)

NATIONAL CYCLING CENTRE
HOME OF BRITISH CYCLING



Parent/Guardian Given Name		Parent/Guardian Surname	
I, being the above named parent/guardian, understand and agree that my child participates in coaching sessions under instructions given by British Cycling & TVT coaches, entirely at their own risk. I have considered the nature of such sessions and have discussed them with my child. I am satisfied that my child is sufficiently responsible and competent to assume full and entire responsibility for their safety. I agree for First Aid to be administered to my child if deemed necessary by qualified NCC staff.			
Parent/Guardian Signature		Date	
Child's Given name	Child's Surname	Child's DOB	
Address 1			
Address 2			
Address 3			
County	Postcode		
Home Phone No	Emergency Phone Number		
Mobile phone No	Gender	Girl <input type="checkbox"/> Boy <input type="checkbox"/>	
Family e mail address			
Notes			
<ul style="list-style-type: none"> ▪ It is part of British Cycling's Code of Conduct and code of ethics to ensure reasonable steps are taken to establish a safe environment where children can develop their cycling skills. ▪ Children are expected to remain in the session from start to finish, unless the coach(es) have been informed that the child will be leaving early, and a parent/guardian must remain present for the session. ▪ Any children who misbehave, or do not follow the coaches' instructions will be asked to leave the session, and will not be allowed to attend future sessions. ▪ An approved helmet must be worn at all times whilst on the track, these can be provided on loan from Velodrome reception. ▪ Please make a note of any medical conditions you feel we need to know about below ▪ This needs to be completed for all participants under 16 year olds. 			
Medical conditions (if applicable)			
<p>The Velodrome Trust The National Cycling Centre, Stuart Street, Manchester, M11 4DQ Tel 0161 223 2244 (option 3) Fax 0161 231 0592</p>			