



Bike Active North Suffolk (BANS) – registered charity 1209467 - Client / Service User Registration Form

A: Participant Details (for records & bike match)

Full Name:	Date of Birth:
Height (m):	Weight (kg):
Address:	Post Code:
Tel no (most used):	Email:
Emergency Contact Name:	Emergency Contact Tel no:

B: Health Screening

For most people, physical activity does not pose a hazard and can improve overall health & well-being. Cycling, however, can be strenuous and therefore riders should be in good physical health. **Riders who have any doubt about their health or have a medical condition that could be affected by exercise, particularly a heart condition, should consult their doctor before participating.**

Have you been diagnosed by your doctor or health professional with any of the following medical conditions?	Yes	No	Prefer not to say
B1. Heart disease or a heart condition			
B2. High blood pressure			
B3. COPD (Emphysema and Chronic Bronchitis) or asthma			
B4. Diabetes			
B5. Asthma			
B6. Fits / seizure			
B7. Stroke			
B8. Blind or partially sighted			
B9. Deaf or hard of hearing			

Do you experience any of the following?	Yes	No	Prefer not to say
B6. Pain in your chest when you do physical activity?			
B7. Loss of balance because of dizziness or loss of consciousness?			
B8. Pain in your chest within the last month when you were NOT doing physical activity?			
B9. Bone or joint problems that could be made worse by a change in your physical activity?			
B10. Do you have a long-standing (i.e. for more than 12 months and likely to continue) illness, condition or disability which affects (or limits) your day-to-day activities?			
If yes, please give brief details:			

Please advise the BANS “Meet and Greeter”, Ride Leader AND First Aider if you have any other conditions you feel they might need to know of.

C: Activity & Helmet Consent		
BANS strongly recommends all riders wear a helmet	Yes	No
C1: I understand the sessions will be led by experienced volunteers. Their role is to give advice and support about cycling issues such as helmets, types of bikes and to adjust bikes when needed.		
C2: I understand that there is some risk in doing this activity such as falling off or bumping		
C3: I know why it is important to wear a helmet and that this will reduce the risk of me being injured		
C4: I will be wearing a helmet (you will accept responsibility for associated injury if not)		
C5: I will follow the rules and code of conduct as available from BANS and will take full responsibility for my/my client's personal safety		

D: Using & Sharing Information

Your information will be held in accordance with the Data Protection Act 1998. Anonymous data may be used to evaluate sessions and show funders that they offer value for money. Summary information will also be used by BANS to further safeguarding and promoting the use of cycling to improve the health of the population. The anonymous information will be input into secure areas which may be used to draw anonymised reports regarding BANS. The results of any analysis may be used to support funding bids and to help define the health value of cycling.

E: Declaration

E1: I understand that if I have answered 'Yes' to one or more of the health screening questions, I should seek medical advice before attending a cycling programme. I agree to tell the cycle leaders if there is a change in my medical condition. I understand that this information will be shared with other cycle leaders and that I cycle at my own risk.

E2: I understand that carers (or responsible adults) are responsible for their associated "clients" at all times and should remain on-site during sessions.

E3: I have read, understood and agree to the above statement regarding the 'Using and sharing information'.

NOTE: The minimum age for signing consent is 18. People deemed not to have capacity can only use a bicycle if a parent or legal guardian/ carer aged 18 or over accompanies them and/or has given their prior consent and signed this form.

Print Name:	Signed:	Date:

Relationship to service user (if not signed by service user):

Carer	Support Worker	Parent/Guardian	Family Member	Other
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If "Other", please give more detail here:

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Fundraising

The sections below are not mandatory but are very useful in supporting our fund-raising efforts. If they are not completed, we will assume that photo consent is withheld.

F: About You:

F1: In the past week, on how many days have you accumulated at least 30 minutes of moderate intensity physical activity such as brisk walking, cycling, sport, exercise, and active recreation?

Please describe your cycling experience (choose one)	Yes	No
F2: New cyclist (beginner)		
F3: Existing cyclist (cycle regularly)		
F4: Returning cyclist (not cycled for three months or more)		

G: How did you hear about BANS? Please tick all that apply

GP/health professional ref	Poster/advertisement	Resident's Association
Leisure Centre	Social or care group	Online or website
Cycling/Walking group	Social media	Other (state):

H: Photo consent

	Yes	No
For promotional purposes, BANS may wish to take photographs during activities. These images may appear in our printed publications, on our website or be sent to local newspapers or media. If you consent for BANS to use images of you for these purposes, please tick the relevant boxes. Consent can be withdrawn or amended at any time by contacting info@bansuffolk.com		
H1: Photos for printed publications		
H2: Photos for website/social media usage		
H3: Photos for local news/magazines		
H4: Photos for partners raising charity funds for SWFA		
H5: Film / video footage for website, social media and television		

I: Internal BANS use:

Data uploaded/recorded (e.g. WFA "Kinetic")	Print name:	Date:
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