

Registration Form



**MAG, 68 Sackville Street,
Manchester, M1 3NJ
www.maginternational.org
events@maginternational.org
0161 236 4311**



Please complete clearly in BLOCK CAPITALS

Name of Challenge	D-Day Cycle Tour
Date of Challenge	13 - 17 June 2012
Fundraising Target	£1,800

PERSONAL DETAILS (as per passport)

Title		Forename	
Age		Surname	
DOB		Email	
Tel (day/eve)		Mobile	
Address			
Passport No.		Place of Issue	
Date of Expiry		Nationality	

Your passport must be valid for at least 6 months from the date of your return to the UK. Please enclose 1 passport sized photo with your name printed clearly on the back.

ADDITIONAL INFORMATION

All accommodation will be shared and single sex. Is there someone you wish to share with?

Do you have any special dietary requirements or food allergies?

How much cycling experience do you have?

Where did you hear about this Challenge?

T-shirt size	S	M	L	XL
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Would you like us to send details of Cycle Somme to Flanders to a friend? Please provide details below

Name		Email	
Address			

REGISTRATION PAYMENT

Please tick:	<input type="radio"/> I enclose a cheque payable to 'MAG' for £199 (£149 before 30 November 2011)
	<input type="radio"/> Please debit £199 (only £149 before 30 November 2011) from my MasterCard/Switch/Visa/Delta Card (please circle)
Card Number :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Issue Number: <input type="text"/> <input type="text"/> (Switch only)
Security Code:	<input type="text"/> <input type="text"/> <input type="text"/>

Data Protection: Your privacy is important to us. MAG will process your data in relation to its activities as a UK-based charity. We may, in future, contact you with newsletters, appeals and information about events and offers. Please tick if you do not wish to receive marketing materials by post

email telephone MAG occasionally shares supporter data with other, similar organisations - please tick here if you would prefer us not to

. By entering an event you agree to the charity making use of your image. By providing your contact details (eg address, telephone number, mobile phone number, email address) you consent to MAG contacting you by those methods unless otherwise stated.

Event organised by: Action Challenge www.actionchallenge.com



- You must enclose a registration fee of £199 for each application (payable to MAG). This is non-refundable under any circumstances. Please enclose with your completed registration form.
- You must raise a minimum of £1,800 sponsorship for MAG and endeavour to raise as much as you can above this amount. 10 weeks before the departure date (Wednesday 4 April 2012) you are required to have sent to MAG £1,300, 80% of the minimum sponsorship. The remaining £500 must be paid four weeks before the event on Wednesday 16 May 2012.
- If you are unable to meet the sponsorship requirements you may forfeit your place on the event. Unless you make up the balance yourself. All funds raised should be made payable to MAG.
- Should you have to withdraw, there will be no refund payable to you as your sponsorship was raised for MAG. All sponsor forms and monies should be forwarded to MAG or returned to the sponsors. You will be responsible for covering any cancellation costs charged to MAG.
- ACUK cannot accept liability for any cancellations, delays or overbookings. The itinerary is subject to change and alterations may occur which are beyond the control of ACUK or MAG.
- Your passport must be valid for at least 6 months from the date of your return to the UK.
- You participate on the event at your own risk, if you are refused entry to or from France any additional costs will be your responsibility.
- Personal equipment are not included in the event cost. You must provide your own bike and cycling helmet and wear it at all times when cycling during the event.
- If you have any medical conditions that could be affected by strenuous activity, or you are over 60, you must get written clearance from your doctor. In signing below to the conditions you confirm that your general state of health and fitness is good and that you take full responsibility for yourself.
- You accept that all instructions given to you on the challenge must be observed for your own safety.
- You certify that all information you have provided on this application form and any further forms, is/are correct to the best of your knowledge.
- You must have adequate insurance for the challenge. This must be sent to us 4 weeks prior to departure.
- Photographs may be taken during the event which may in future be used to publicise the challenge and the work of MAG generally.
- MAG may at their sole discretion withdraw places on the event if it is believed to be in their best interest to do so.

I have read and agree to abide by the MAG & Action Challenge Event Terms and Conditions.

Signed		Date	
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Enclosed are:

- My payment for the registration fee, made payable to MAG (Mines Advisory Group)
- My medical questionnaire Signed Conditions of Entry & Declaration
- One passport photo

Please return to Jen Birch, MAG Events, 68 Sackville Street, Manchester, M1 3NJ



Please complete this questionnaire carefully. It is very important that we find out as much as possible about your medical history to ensure your safety on the challenge. We will treat your questionnaire with the strictest confidence. We will attempt to accommodate everybody on the challenge, but do reserve the right to refuse entry on medical grounds if we feel your safety and/or that of the group may be compromised. Any decision will be made in consultation with you.

PERSONAL DETAILS

Title		Forename	
Age		Surname	
DOB		Email	
Tel (day/eve)		Mobile	

MEDICAL HISTORY

Do you suffer from or have you ever suffered from: (please circle)

Heart trouble and/or blood pressure problems?	YES / NO
Asthma, bronchitis and/or shortness of breath?	YES / NO
Diabetes?	YES / NO
Epilepsy and/or fainting attacks?	YES / NO
Migraine, headaches?	YES / NO
Severe head injuries?	YES / NO
Cancer?	YES / NO
Allergies?	YES / NO
Vertigo?	YES / NO
Fracture, tendon or ligament/cartilage damage?	YES / NO
Physical illness or back problems?	YES / NO
Psychiatric or mental illness?	YES / NO
Have you been hospitalised within the last two years?	YES / NO
Are you suffering from or a carrier of any infectious disease?	YES / NO
Are you registered as disabled?	YES / NO
Do you have any skin wounds or ulcers?	YES / NO
Do you have any problems with sight, hearing or other senses?	YES / NO
Do you have any other on-going or past medical problems?	YES / NO
Are you pregnant or trying to get pregnant?	YES / NO
Do you have a drug or alcohol dependency?	YES / NO

If you answered yes to any of the above questions, please explain in the space provided below:

If you answered YES to the question regarding asthma, please answer the following:

When was the last time you needed hospital treatment?	
When was the last time you needed steroid tablets?	
What medication/inhalers do you currently use?	

Are you currently taking any medication? If so please explain:

In case of an emergency, please contact:

Title		Relationship to you	
Forename		Surname	
Tel (day/eve)		Mobile	



I understand and agree that my personal data may be processed and/or transferred outside of the UK in order for the full and proper performance of the challenge contract. I understand that Action Challenge UK Ltd. will only transfer to the extent required.

I hereby give permission for Action Challenge UK Ltd. or other expedition staff to initiate medical treatment and to inform my emergency contact if I go to hospital while on the event.

To the best of my knowledge, this is a true and accurate description of my medical history and my current condition.

Signed		Date	
Print Name			

DOCTOR'S CONSENT

IF YOU ARE OVER THE AGE OF 60 OR HAVE ANSWERED 'YES' TO ANY OF THE MEDICAL QUESTIONS, THIS SECTION MUST BE COMPLETED BY A DOCTOR WHO HAS ACCESS TO YOUR MEDICAL HISTORY.

The above named person will be participating in a strenuous challenge. They will be cycling for approximately 8 hours a day, Action Challenge UK Ltd. will provide a local medical professional on the event to give immediate first aid in the event there may be an accident.

With the above information, if there is any matter of which you feel Action Challenge UK Ltd. should be aware of, please supply details on a separate sheet. If you need any further information, please feel free to call us on +44 (0)20 7354 1465.

I have read the above paragraph and agree that the participant's medical details are correct. In my opinion this patient is fit and physically and mentally healthy enough to be able to participate in this challenge event.

Doctor's signature		Date	
Print name		GMC no.	
Address			