



ORCHIDCYCLE

LONDON TO EDINBURGH
22 - 23 June 2012
37 HOURS

Registration and Medical Form

Thank you for your interest in taking part in our OrchidCycle London to Edinburgh 37 Hours 2012. To register you must pay a non-refundable entry fee of £100 per team member. Please complete this application/medical form and return it along with your entry fee to: **Events Fundraising, Orchid, St Bartholomew's Hospital, London EC1A 7BE. Email: events@orchid-cancer.org.uk**

If you have any questions before completing this form contact the Events Team on 0203 4657 197.

PERSONAL INFORMATION

1. Personal Details:

Title:	First Name:	Surname:	
Gender:	Date of Birth:		
Full Postal Address:			
Postcode:			
Home No.	Work No.	Mobile No.	
Email*			

It saves us money if we can communicate with our supporters by email.

Please tick here if you are happy to receive further emails from Orchid. You can opt out at any time.

2. Next of Kin/Emergency Contact:

This should not be someone who will be on the challenge with you

First Name:	Surname:	
Address:		
Postcode:		
Home No.	Work No.	Mobile No.
Relationship to you:		

3. Team mate and Accommodation share with:

Full Name of participant:

4. T-Shirt Size

We will provide you with an Orchid t-shirt before the event to help with your fundraising and one t-shirt to wear on the ride. Please tick your size:

Small Medium Large X-Large

5. Why Orchid:

How did you hear about OrchidCycle London to Edinburgh 37 Hour challenge?

What made you want to ride for Orchid? _____

What are your fundraising ideas for the ride? _____

If taking part due to a personal link to male cancer would you be happy to provide a case study for the media or Orchid literature? **Yes** **No**

6. Employer Details:

Company Name:	Position Held:
Company Address:	Will your employer match your fundraising total? Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Recommend a friend:

If you would like details of this event sent to a friend, or friends, please complete their contact details. If you recommend a team who sign up for the event we will deduct £50 from your entry fee.

Name:	Contact Number:	Email:
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MEDICAL INFORMATION

It is for your own safety that we find out as much as possible about your medical history to ensure that you can cope with the rigours of the challenge. Your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part. Any decisions will be made in consultation with you. The information you supply will only be disclosed to Discover Adventure Ltd, Orchid and medical staff employed by the tour operator for the event. It is one of the conditions of your registration that you give full and accurate details.

Height:

Weight:

If your BMI is considerably higher than 25 our doctor may contact you to discuss training and possible difficulties you will face on the challenge.

Medical History

a. Do you suffer, 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?	YES / NO

Severe Head Injury?	YES / NO
Cancer?	YES / NO
Back Problems?	YES / NO
Allergies?	YES / NO
Fractures, Tendon, Ligament/Cartilage damage?	YES / NO
Physical or other disability?	YES / NO
Psychiatric or mental illness?	YES / NO
Have you been hospitalised within the last 2 years?	YES / NO
Are you suffering from or a carrier of any infectious diseases?	YES / NO
Are you registered as disabled?	YES / NO
Any other serious illness?	YES / NO

b. If you have answered yes to any questions above, please give further details below or on a separate sheet:

c. Do you regularly and/or currently use any form of medication? Please give details below:

3. Have you ever suffered from asthma? If so,

a) When was the last time you needed hospital treatment?	
b) When was the last time you needed steroid tablets?	
c) What medication/inhalers do you use?	

4. Dietary Requirements Do you have any special dietary requirements / food allergies?

Vegetarian:	Nut Allergy:	Gluten Free:	Other: (please give details)
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IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING

- In the event of an accident or illness whilst on the trip, I hereby give permission for Discover Adventure to initiate medical treatment and to inform my next of kin/emergency contact (as detailed on my application form) if appropriate.
- To the best of my knowledge I confirm that my mental and physical health and fitness is good and that the information I have provided in this questionnaire is a true and accurate description of my medical history and current condition. I understand that by giving false information I endanger both my own safety and that of others on the trip. I agree to take with me sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur.
- I agree that Discover Adventure Ltd. or medical staff employed by them may approach my GP to verify the information on this form and attain some further details as they think necessary and that my GP may release such information to them.
- I understand that neither Discover Adventure Ltd. nor Orchid can accept any liability or expenses resulting from any illness, injury or other untoward occurrence arising from any undisclosed medical condition (other than to the extent that death or personal injury arises as a result of its negligence). I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and that I am responsible for declaring any pre-existing medical conditions directly to the insurance company prior to departure.
- I confirm that I will immediately inform Discover Adventure Ltd. of any change to the information I have provided on this medical questionnaire.

SIGNED:

DATE:

The following section only needs to be completed if you are over 65 OR have answered 'YES' to any of the questions on the medical form. MEDICAL FORM TO BE COMPLETED BY THE FAMILY DOCTOR/PHYSICIAN WHO HAS ACCESS TO THE PATIENT'S MEDICAL HISTORY.

The person named overleaf will be participating in a charity fundraising challenge of up to 6 days' duration, during which time he/she may be subject to basic camping and living conditions.

Between 6-12 hours per day will be spent in physical activity over rough and mixed terrain; the challenge is likely to involve extremes of temperatures and climate.

The challenge may involve basic facilities such as long drop toilets and primitive washing facilities. Food may be cooked in basic conditions. Experienced Discover Adventure Ltd personnel leading the event are first-aid trained and will ensure high hygiene standards are taught and maintained. The event may be a considerable distance from any hospital back up.

With the above information, if there is any matter which you feel that Discover Adventure Ltd should be aware, please supply details on a separate sheet. If you require any further details please call Discover Adventure Ltd on 01722 718444.

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

Doctor's Signature: _____ Date: _____

Doctor's Name (Block Capitals Please) _____

Address: _____

DOCTORS STAMP & GMC NUMBER HERE

Orchid Conditions of entry

- For OrchidCycle London to Edinburgh 37 Hours we require you to pay a non-refundable (if accepted) registration fee of £100.
- You must commit to raising at least £1,900 as a team of two (£950 per person) for **Orchid and you must pay in £550 of this before 9th April 2012**. The remainder must be paid in before departure. If you are unable to meet these sponsorship requirements you will forfeit your place on the event, unless you choose to make up the balance yourself.
- You must be at least 18 before the date of departure.
- All funds raised for Orchid through your fundraising must be payable to Orchid. Should you, for whatever reason, not take up your place on the event all sponsorship forms and monies should be returned to Orchid or returned to your sponsors directly. Orchid can only refund your sponsors directly after we have paid out any costs for the event. In order to refund any sponsors you will need to provide their full contact details.
- You must be covered by insurance for health, accident and loss. We recommend you have travel insurance at the time we pay for the costs of the ride (i.e. 8 weeks before departure) to ensure you are fully covered for the ride in the event you have to pull out before departure.
- I understand that failure to declare a medical problem may invalidate my health insurance
- All participants take part at their own risk. OrchidCycle London to Edinburgh 37 Hours is a challenging ride and the decision to take part must not be taken lightly. You must commit to train hard for the event and follow any advice by our personnel on the ride. For health and safety reasons the tour operator and/or medical staff reserve the right to stop any participant from cycling.
- I consent to Orchid/Discover Adventure contacting me via telephone, letter or email for any matter relating to my fundraising and my participation in this event.
- I understand that wearing a cycle helmet whilst on the bike is compulsory and I will not be permitted to cycle without one. I understand that wearing a high vis jacket is compulsory at the night stages of cycling.
- I confirm that all of the information provided by me on this form is, to the best of my knowledge, true and correct. I understand that if any of the information provided by me on this form is found to be false, I risk losing my place on this Challenge. By signing this form I agree with the Charity Agreement

I have read and agreed to the above conditions:

Signature.....**Date**.....

Data Protection

Orchid will not pass your details on to any other organisation. We will use the information you have supplied to communicate with you in line with the Data Protection Act 1998 and may contact you in the future about fundraising opportunities or news we think will be of interest to you.

Please tick this box if you **DO NOT** wish to receive contact from us in the future

Payment Details

Please send a cheque for the £100 entry fee (made payable to Orchid) with this form to the address written below or complete your credit/debit card details below.

Card Number:

Sec code:

Expiry Date From Amount to be debited

Name as it appears on the card

Billing Address (if different from above).....

Signed Date.....

Once we have received this completed form, we will confirm your place on the ride. Thank you for choosing to support Orchid and please don't hesitate to contact us for any further information.

PLEASE RETURN YOUR COMPLETED FORM TO (we advise taking a photocopy for your records):

Events Fundraising, Orchid, St Bartholomew's Hospital, London EC1A 7BE or email to: events@orchid-cancer.org.uk For more information call: 0203 4657 197