

THE VISPA COASTAL CYCLE CHALLENGE



VISPA 2018 - INDIVIDUAL REGISTRATION AND MEDICAL DECLARATION FORM

AMOUNT DONATED: £ _____	GIFT AID (PLEASE TICK) <input type="checkbox"/>	
Personal Information – VISPA 2018		
Name _____		
Address _____ _____		
Tel. No. _____ Mob. No. _____		
Email _____		
We may wish to send you information on upcoming events. If you do NOT wish to receive any promotional emails then please tick here <input type="checkbox"/>		
Emergency Contact Details		
Name _____ Relationship _____		
Address _____		
Tel. No. _____ Mob. No. _____		
Medical Information		
Any medical conditions that may affect your ability to participate in the VISPA? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES then please provide details below. _____		
Declaration – I agree to abide by all instructions and regulations set down by The VISPA Committee’s staff to ensure the safety of everyone participating in the activities. I understand that The VISPA Committee and/or its representatives are not liable whatsoever in respect of any personal injury, loss or damage to personal property. <i>I will follow the ‘rules of the road’ at all times and ensure my safety, the safety of all those around me and will be respectful to all road users</i>		
Photographs may be taken for promotional purposes. If you do NOT wish them to be used then please tick here <input type="checkbox"/>		
Signed _____ Date _____ <small>Parent or guardian if under 18 (and over 16)</small>		

All information received is treated in the strictest confidence

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*If I have ticked the gift aid box I am confirming that I am UK tax payer. I have read this statement and confirm that I want Friends of VisPa to reclaim tax on the donation above. I understand that the charity will reclaim 25p of tax on every £1 that I have given.