

For office use only	CARE No		Region	
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Cystic Fibrosis why we're walking

**Cave Hill by Night
Sunday March 11 2018**

Charity place application – personal information form

Please complete this form and return it to the Cystic Fibrosis Trust ASAP. This is your pledge to the Cystic Fibrosis Trust that you will raise a minimum sponsorship.

Title			
First name		Surname	
Address			
Postcode			
Phone (home)			
Phone (work)			
Phone (mobile)			
CF Link (if any)			
Date of birth			
Email address			
We must input your details on the event website so please provide an active email address			
Occupation			
Employer			
Would your employer like to find out more information about the Cystic Fibrosis Trust	Yes No	Does your employer offer matched funding?	Yes No
Where did you see this event/charity place advertised			
Please be specific and name the magazines, website etc. to help us identify what marketing is working best!			
Running vest or T-Shirt (please tick which you would prefer)	<input type="checkbox"/> T Shirt <input type="checkbox"/> Running vest <input type="checkbox"/> Size (please tick) <input type="checkbox"/> Already have <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL		

If you have CF you are strongly advised to discuss your participation of any event with your CF consultant

Please let us know why you would like to take part in this event

Please tick if you would be happy to speak to the media about why you are walking with us Yes No

Do you have any medical conditions? Yes No If yes please list below

Emergency contact details

Next of kin name

Next of kin phone

Relationship to you

I enclose a cheque/postal order for my sign up fee of £35. Please make cheques payable to **Cystic Fibrosis Trust**.

Or please debit my: Visa Mastercard Maestro Amex

Card no.

If required

Last three digits on signature strip on back of card (four on Amex)

Start date

Expiry date

Issue no.

Security code

Name

Date

Please email this form to: events@cysticfibrosis.org.uk

or post to:
**Cave Hill Night 2018,
Cystic Fibrosis Trust, 2nd
Floor, One Aldgate, London
EC3N 1RE.**

The Cystic Fibrosis Trust has invested heavily to secure places in this highly popular event; by accepting this offer of a place you are agreeing to raise money solely for the Cystic Fibrosis Trust, and will not share any sponsorship or other funds raised from your efforts with another charity or charities.

Your declaration to the Cystic Fibrosis Trust:

I pledge to raise a minimum of £150 in sponsorship for my entry into the 2018 Cave Hill by Night walk for the Cystic Fibrosis Trust.

Name: _____ Date: _____

Thank you for wanting to support the Cystic Fibrosis Trust. We shall get back to you upon receipt of this application to confirm your place.

Your support is making a real difference, and we'd love to keep you updated about our work and how you can help, including petitions, fundraising appeals and activities. Your details will only be used by us and you can change your mind at any time. Please let us know how you would like to hear from us:

Post Yes No **Email** Yes No **Phone** Yes No **SMS** Yes No

For more information about changing your contact preferences please call 020 3795 2177 or email supportercare@cysticfibrosis.org.uk. Please see cysticfibrosis.org.uk/privacy-policy for details of our privacy policy.

To save us money, if you would prefer not to receive an acknowledgment please tick here



Booking Ref

Medical consent form

13 Ravenhill Road, Belfast, BT6 8DN
02890 461711 info@brysonlagansports.org

Personal information that you supply to us will be treated with the strictest confidence and held securely in line with the Data Protection Act 1998. It will only be used to ensure a safe and enjoyable activity or in the case of an emergency. We will not disclose your information to any company outside of Bryson LaganSports and will ensure that it is disposed safely and securely when no longer required.



We would like to send you information about our services by email or post, if you **do not** agree to being contacted please tick the box.

Personal details

Name _____ Address _____

Date of birth _____ Age _____

Email _____

Home phone _____ Mobile phone _____

Personal to contact in an emergency

Name _____ Address _____

Email _____ Home Phone _____

Home phone _____ Mobile phone _____

Medical Statement

Do you have any of the following? (If yes please tick)

Any major illness (please detail below)

Blackouts Headaches Migraine Dizziness

Allergies to bites/food/medicines Asthma/Bronchial illness Are you pregnant?

Have you had any recent injuries/operations if yes please list below

Epilepsy Diabetes Heart Complaints Back/Neck Complaints

Do you have any other condition requiring regular treatment? please list below

Details of any Medication or dietary needs

If you have indicated on this form that you have Asthma or need an inhaler for any reason you must bring this with you on your activity!

If you do not have your inhaler, you will not be allowed to take part in the planned activity. If your circumstance is that you will not be bringing your inhaler please state the reason below.

Name (parent/guardian if under 16)

Please bring any medication/inhalers etc with you on the day

I consent to emergency medical treatment being given if deemed necessary during the course of these activities

Yes No

I can swim 50m (ie two lengths of the swimming pool) Yes No

This is for information only and may not be essential.

Have you any known medical problems that might prevent emersion in cold water? Yes No

Medical practitioner details

Name of doctor _____

Address _____

_____ Telephone number _____

Declaration/suitability to participate. Signed by the participant or parent/guardian

I the undersigned give permission for _____ to take part in any Activities run by Bryson LaganSports, and to the best of my knowledge, the above details are correct.

I understand that all Outdoor Adventure Activities have a certain amount of risk of personal injury involved. I understand that Bryson LaganSports has undertaken full risk assessments on all activities and have taken every effort to minimise these risks, however I am aware that all risk cannot be eliminated and that it may still be possible for an accident to occur which may not have been foreseen.

I confirm that professional medical advice has been sought regarding any relevant medical condition mentioned above and that the person to whom this form relates is suitable to participate.

Name: _____ Date: _____

By participants if over 16, if under 16 by parent/guardian

For training and marketing purposes, staff may take photographs during activities. If you **DO NOT** want to be photographed, please tick here.