



Information and Medical Form for Guided Rides

Group Name: _____

Participants Name: _____

Age: _____ Date of Birth: _____ Sex: Male/Female Height: _____

Home Address: _____

Postcode: _____

Telephone Number: _____

Emergency Contact names: _____

Emergency Address: _____

Postcode: _____

Emergency Contacts Phone Number: _____

Medical Conditions (Asma, Heart problem or any other medical conditions):

Cycling/Mountain Biking Experience: