

Application Form



International Childcare Trust, 56-64 Leonard Street, London EC2A 4LT

Thank you for signing up to Cycle India 2008

Please complete clearly in BLOCK CAPITALS

Name of Challenge	Cycle India		
Date of Challenge	14th - 23rd November		
Fundraising Target	£3,000		
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 trekking/cycling experience do you have?			
Where did you hear about this Challenge?			
website <input type="radio"/> charity <input type="radio"/> publication <input type="radio"/> word of mouth <input type="radio"/> other <input type="radio"/>			
Height, inner leg measurement, mountain bike size (cycle challenges only)			
Do you want to take your own bike to India?			YES/NO
Are you happy for your photograph to appear on the Cycle India website?			YES/NO
T-shirt size	S	M	L

Conditions of Entry & Declaration



- You must enclose a registration fee of £300 for each application (payable to 'International Childcare Trust'). This is non-refundable under any circumstances.
- You must raise a minimum of £3000 sponsorship for ICT, £1500 of which must be with ICT ten weeks before departure (5th Sept 2008) and the remainder (£1,500) three weeks before departure (24th Oct).
- If you are unable to meet the sponsorship requirements you may forfeit your place on the ride.
- All funds raised should be made payable to 'International Childcare Trust.'
- All flights will be booked through Action Challenge UK Ltd, ATOL 6296.
- Where applicable, and unless stated, you must have a valid entrance visa for the country in which the challenge takes place.
- Your passport must be valid for at least 6 months from the date of your return to the UK.
- On receipt of your final payment, you will receive further trip notes, including an ATOL receipt to confirm your flight arrangements.
- 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.

Under the Data Protection Act you may let us know at any time, if you no longer wish to receive mailings from ICT

Please tick if you do not want to receive future challenge information:

If you object to your email address being passed onto your fellow challenge participants, please tick:

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

Signed		Date	
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Enclosed is:

- My cheque for the registration fee, made payable to 'International Childcare Trust'
- My medical questionnaire
- One passport photo

Please return this form to International Childcare Trust

Medical History



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:

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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:

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In case of an emergency, please contact:

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

Medical Declaration



I understand and agree that my personal data may be processed and/or transferred outside of the European economic area 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, possible involving basic camping. They may be trekking or cycling for approximately 8 hours over tough terrain, in extremes of temperature climate and altitude. The participant may have to cope with basic facilities such as long-drop toilets, primitive washing facilities, and living under canvas. The food may be cooked over open fires or gas burners. Action Challenge UK Ltd. will provide a local medical professional on most trips to give immediate first aid in the event there may be an accident, however, the event may be a considerable distance from any hospital.

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 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			

Please return all forms to:

Rachel Kennedy

**Fundraising & Events Manager
International Childcare Trust,**

Development House

56-64 Leonard Street

London EC2A 4LT