

CycleSureUK Application Form

Please complete and return this form to:
CycleSureUK, 36 West Park Avenue, Roundhay, Leeds, LS8 2EB

We will send you a confirmation email and request payment to confirm your place.

Course:

Date(s):

Name:

Date of Birth:

Age:

Gender: M / F

Address:

Telephone: ()

Mobile:

Email address:

Emergency contact name and phone number

Name:

Telephone:

Details of any medical condition, medication or any other information relevant to mountain biking/this course:

Bike to be used/biking ability/experience:

Declaration

I understand that mountain/off-road biking can be hazardous and agree to take part in this course entirely at my own risk, accept the booking conditions and that the leaders will take all reasonable steps to establish a safe environment. I know of no disability, injury or medical condition that could affect my ability to take part in this course(other than declared above).

Signed:

Date: