Registration Form for Guest Rides with Coventry CTC

(MUST be used on ALL rides when the participant is not a Cycling UK member)

RIDER DETAILS	Please complete this with your information.
First name:	
Surname	
Address	
Postcode	
Telephone Number	
Email Address	
Confirm that you are over 18 (Enter Yes or No)	
EMERGENCY CONTACT DETAILS	Please complete this with the information about the person you have identified as your contact point in case of an emergency with you.
Emergency Contact Name	
Emergency Contact Telephone Number	
Relationship to Rider	
PLANNED / AGREED RIDE DETAILS	Please complete this with the information you have agreed with the New Rider Coordinators when you discussed finding the best ride for you.
Date	
Destination	
Ride Leader	
Disclaimer for riders I agree that I understand and will abide by the terms and conditions required by Cycling UK for the safe participation in this activity and to act responsibly and adhere to the rules of the road and countryside I hereby maintain that I am fit and healthy enough to participate in the activity described above and my cycle is in a safe, legal and roadworthy condition. I also accept that Cycling UK cannot be held responsible for any personal injury, accident, loss, damage or public liability during the ride. If you are printing and completing this form manually then please sign and date below If you are completing this form electronically then after completing the above information ignore the fields below, save it it as a PDF, and please use your personal email to send it to the Ride Leaders email.	
Name: Date: Signature :	

Cycling UK rides are covered by Organisers' Public Liability Insurance and all Cycling UK members are covered by third party insurance, Riders who are not members of the organisation are advised to either join Cycling UK or obtain their own insurance. Cycling UK will not disclose the information on this form to any other organisation. If you do not want any photographs used, please notify the event organiser.

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