

High Atlas Traverse

Application Form • 23rd October 2010



Personal Details (as per passport)

Title	<input type="text"/>	Forename(s)	<input type="text"/>		
Surname	<input type="text"/>				
DOB	<input type="text"/>	Age	<input type="text"/>	Mobile	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>		
Address	<input type="text"/>				
<input type="text"/>					
<input type="text"/>					
<input type="text"/>			Postcode	<input type="text"/>	
Passport No.	<input type="text"/>	Nationality	<input type="text"/>		
Place of Issue	<input type="text"/>	Date of Expiry	<input type="text"/>		

Your passport must be valid for at least six months from the date of your return to the UK. Please enclose one passport sized photo with your name written in block capitals clearly on the back.

Additional Information

Is there anyone you wish to share accommodation with? Are you a couple?

Do you have any special dietary requirements or food allergies?

How much mountain-biking experience do you have?

Are you happy for your photograph to appear in Headway publications and on our website?

Yes No

T-shirt size S M L XL

**Registered Charity no. 1097870. Please return this form to:
Headway Devon, 1 Wrentham Place, Prospect Park, Exeter EX4 6NA**

High Atlas Traverse

October 2010 Application Form



Conditions of Entry and Declaration

High Atlas Traverse is a sponsored cycling event organised and run by Velo Ventures, in association with Epic Morocco, to raise funds for Headway Devon.

- You must enclose a deposit of £250 for each application (made payable to Headway Devon). This is not refundable under any circumstances.
- You must also raise a minimum of £1,700 sponsorship for Headway Devon.
- The total amount of £1,950 must be paid to Headway Devon six weeks prior to departure.
- If you are unable to meet the sponsorship requirements you risk forfeiting your place on the challenge.
- All funds raised should be made payable to Headway Devon.
- Your passport must be valid for at least six months after the date of your return to the UK.
- On receipt of your final payment, you will receive further trip notes, including confirmation of your flight arrangements.
- If you have any medical conditions that could be affected by strenuous activity, or if 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 correct to the best of your knowledge.
- You must have adequate insurance for the challenge. This must be sent to us four weeks prior to departure.
- Headway Devon is neither liable nor responsible for any accident or injury sustained through taking part in this challenge.
- **For the safety of all participants a helmet should always be worn when cycling.**

This event is managed by Velo Ventures in direct association with Epic Morocco Ltd who run the High Atlas Traverse cycle expedition.

I have read and agree to abide by the High Atlas Traverse Terms and Conditions

Signed

Date

Enclosed

My cheque for the deposit, made payable to Headway Devon

My medical questionnaire

One passport photo

Medical History • High Atlas Traverse October 2010

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 we 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	<input type="text"/>	Forename	<input type="text"/>		
Surname	<input type="text"/>				
DOB	<input type="text"/>	Age	<input type="text"/>	Mobile	<input type="text"/>
Telephone	<input type="text"/>		Email	<input type="text"/>	

Medical History

Do you suffer from or have you 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, please explain in the space provided below:

Are you currently taking any medicine? If so, please explain:

In case of emergency, please contact:

Name	<input type="text"/>	Relationship	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>

Medical History • High Atlas Traverse October 2010

I hereby give permission for any member of expedition staff from either Velo Ventures or Epic Morocco to initiate medical treatment and to inform my emergency contact should I be hospitalised during the challenge.

To the best of my knowledge, this 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, possibly involving basic camping. They may be cycling for approximately eight hours over tough terrain, in extremes of temperature, climate and altitude. Although medical assistance will be at hand, they may be a considerable distance from any hospital.

With the above information, if you feel there is any matter of which Velo Ventures should be aware of, please supply details on a separate sheet. If you need any further information, please feel free to contact us on 01392 211822

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

Postcode

Please return all forms to:

Headway Devon
1 Wrentham Place
Prospect Park
Exeter
Devon EX4 6NA

Telephone: 01392 211822

E-mail: holly@headwaydevon.org.uk