



CLASSIC TOURS OPEN CHALLENGE

REGISTRATION FORM

Please read and complete all sections of this form and return to:

Classic Tours
Tramways House
377 Camden Road
London N7 0SH

Before sending in this form, please check that you have included:

- 1) Your registration fee (payable to Classic Tours)
- 2) Completed medical form and signed if required
- 3) Your signature on the back of this application form

Before completing this form please read carefully the Conditions of Entry and Booking Conditions which are attached separately. Please write clearly and complete all the sections below.

I apply to take part in _____ Classic Tours Open Challenge

Date of event _____

CHARITY

I will be raising funds for **Endometriosis UK**.

HOW DID YOU HEAR ABOUT THIS CLASSIC TOURS OPEN CHALLENGE?

Please let us know how you found out about it _____

Have you ever taken part in an overseas challenge event before? If yes, please give details

PAYMENT

You pledge to raise a minimum amount of sponsorship for **Endometriosis UK**

Please see the Conditions of Entry for details of the minimum sponsorship limit and when this needs to be paid by.

A name and address list will be sent out prior to the event. Please tick this box if you **DO NOT** wish your name and address details to be passed onto other participants

PERSONAL DETAILS (please use capital letters)

Title **as on passport** (Mr/Mrs/Ms/Miss/other) _____

Forenames **as on passport** _____ Surname **as on passport** _____

Name you prefer to be addressed by _____

Address _____

Postcode _____

Daytime phone _____ Evening phone _____

Mobile _____ Email _____

Occupation _____ Employer _____

PASSPORT DETAILS

Date of Birth _____ Place of Birth _____

Nationality _____

Passport No. _____ Place of Issue _____

Issue date _____ Expiry date _____

Your passport Umust have at least 6 months to run from the date you return to the UK

DIETARY REQUIREMENTS

Do you have any special dietary requirements / food allergies?

T-SHIRT

Please indicate what size t-shirt you would like: S / M / L / XL

INSURANCE

You are responsible for organising your own insurance. Please make sure you do this in plenty of time to avoid any last minute panics.

You can either organise your own – please let your insurer know you are doing a cycle ride or trek for charity or you can take out insurance cover with Classic Tours. You will be sent an application form after you have registered.

We will need to be informed that you have adequate insurance a minimum of 8 weeks prior to departure.

Please note – failure to inform your insurance company of any special requirements or medical conditions may affect any insurance claim you may make.

ACCOMMODATION

If there is anyone you would like to share with please write their full name here (otherwise participants will be allocated rooms on same sex sharing basis). We will try to accommodate your request, however it cannot be guaranteed. Please note married couples will not automatically be able to share.

Name_____

HEIGHT

If you are taking part in a bike event we need to know your height. Having the correct sized bike is very important. Please let us know your height and we will arrange a bike for you.

NB If you are taking part in Cycle London to Paris you need to bring your own bike

Height_____

RECOMMEND A FRIEND

If you would like us to send information about this challenge to a friend please let us know their details below:

Name_____

Address_____

Postcode _____ Email _____

Daytime phone _____ Evening phone _____

I apply to take part in this CLASSIC TOURS OPEN CHALLENGE, and abide by the Conditions of Entry and the Booking Conditions attached separately.

I confirm that to the best of my knowledge my general state of health and fitness is good and I take full responsibility for my fitness to take part. I enclose a cheque for the registration fee made payable to Classic Tours and a completed medical form.

Signature

Name (capital letters)

Date

MEDICAL QUESTIONNAIRE

To be completed by all applicants for **CLASSIC TOURS OPEN CHALLENGES** and returned with your application form. All information supplied in this form will be treated as **strictly confidential** and will only be used for this event.

Should any of your medical details change after you have submitted this form, please inform Classic Tours immediately. You may have to complete a new form. If you have a medical condition you must declare it to your travel insurance company to ensure you are fully covered.

COMPLETE IN BLOCK CAPITALS PLEASE

Title (Mr/Mrs/Miss/Ms/Dr):

Surname: Height:

Forenames: Weight:

Date of Birth: Age:

Event:

Date of Event:

Charity:

The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. It is your responsibility to ensure that you have the appropriate level of fitness. The event is not recommended for those with any infirmity. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate. You should take into account that medical and other facilities at the destination are likely to be inferior to those in the UK.

Do you have a history of any of the following conditions? If yes, please give details in the space provided below:

- | | | | |
|---------------------------------|--|-------------------------------------|--|
| 1. Heart or circulatory disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | 11. Joint or back injuries | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Raised blood pressure | Yes <input type="checkbox"/> No <input type="checkbox"/> | 12. Allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Respiratory disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | 13. Tendon/ligament damage | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Hay fever | Yes <input type="checkbox"/> No <input type="checkbox"/> | 14. Heat stroke | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> | 15. Depression / Anxiety | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Altitude Sickness | Yes <input type="checkbox"/> No <input type="checkbox"/> | 16. Fainting | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Vertigo | Yes <input type="checkbox"/> No <input type="checkbox"/> | 17. Are you registered as disabled? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> | 18. Any other condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 10. Sight/hearing impairment | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

If you have ticked any of the above please provide details here and ask your GP to sign the form:

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Please turn over ...

Please list any medication you are currently taking and ensure you bring enough supplies for the length of the trip.

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If you are over the age of 65 or you have a pre-existing medical condition, you must notify us and ask your doctor to sign below confirming that you are fit to undertake this challenge.

Doctor's signature Date

Printed.....

GP Practice stamp:

Classic Tours Open Challenges entail 4 or 5 days of consecutive cycling or trekking and will be physically demanding. Due to the nature of this type of event some parts of the route will be away from main cities and hospitals. However, there will be trained medical personnel on hand and first aid supplies.

I confirm that I have understood the need for fitness and to the best of my knowledge this is a true and accurate description of my medical history and current condition. I sign below for Classic Tours to release this information to the doctor accompanying the event to allow him/her to contact my GP for further details. In the event of illness or an accident on the trip I hereby give my permission for Classic Tours medical staff to initiate medical treatment and notify my next of kin in case of hospitalisation.

Signed.....

Date

Next of Kin Details

Name (in full).....

Relationship.....

Address

.....

Tel (Day with area code) Evening (With code)

Mobile.....

If your medical condition changes before the event please notify us so that the group doctor is fully aware.

This form and your information will be treated as confidential and will prove to be very useful should you require medical attention during the event.