



Simplyhealth Professionals Charity Registration Form

Event – Yorkshire Three Peaks, 7 July 2018

Contact Details (please complete all boxes)

Name:		Denplan Mem. No:	
Practice Address:			
Telephone Number:		Mobile Number:	
Email Address:			

Next of Kin (not with you on the event)

Name:		Relationship:	
Address:			
Telephone Number:		Mobile Number:	

Event Requirements

Clothing Size (XS/S/M/L/XXL)	
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Accommodation Requirements	None Required: <input type="checkbox"/> Friday and Saturday night: <input type="checkbox"/> Sharing with (if applicable and possible) _____
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Medical Information

The event in which you will be participating may be challenging and will require a good level of fitness 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. A qualified first aid representative will be travelling with the group at all times.

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

- | | |
|------------------------------|--|
| Heart or circulatory disease | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Raised blood pressure | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Respiratory disease | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hay fever | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Joint or back injuries | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Heat stroke | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Vertigo | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any other condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Details: _____

Please list any medication you are currently taking: _____

Are you allergic to any medication? (If so, please provide details): _____

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

Doctor's signature: _____ Date: _____



Terms and Conditions

<p>To take part in this fundraising event, you are required to complete in full and sign this document.</p>
<p>Should you have to withdraw, all money collected so far should be forwarded to Simplyhealth. Your registration fee is non-refundable.</p>
<p>All persons taking part in any of the Simplyhealth Charity Events must be at least 18 years old.</p>
<p>Participation in Simplyhealth Charity Events is at the entrants own risk. Simplyhealth and our chosen charity (tbc January 2018) accept no liability for death, illness or personal injury as a result of your participation in the event. All participants are strongly advised to consult their doctor prior to undertaking any exercise programme. Simplyhealth recommend you follow a training programme prior to taking part in any of our charity events.</p>
<p>Participants who are drug or alcohol dependant will not be permitted to take part.</p>
<p>Simplyhealth and our chosen charity (tbc January 2018) may, at their discretion, withdraw your entry from the event at any time, if it is believed to be in their or your best interests to do so, and this decision is final.</p>
<p>You will be responsible for providing your own personal equipment; trainers, bicycles and maps (if applicable). It is your personal responsibility to ensure your equipment is in good working order and that you are self-sufficient.</p>
<p>You must comply with health and safety regulations, including wearing a cycle helmet (if applicable), which conforms to current regulation. Wearing appropriate attire for walking or cycling. Walking attire includes appropriate clothing and comfortable shoes, following recommendations set out by Simplyhealth prior to the event (which will include equipment). Cycling attire includes light coloured or fluorescent clothing which helps other road users to see you in daylight and poor light, and reflective clothing and/or accessories (belt, arm or ankle bands) in the dark.</p>
<p>Accommodation will be confirmed on receipt of your Registration Form. Should you have to withdraw from the event, you will be liable for any cancellation costs if Simplyhealth have been unable to re-sell your room. Your registration fee is non-refundable.</p>
<p>You give your consent that any photographs taken at the event can be used for future promotional purposes.</p>
<p>Travel to and from the start and finish points for all our charity events are the individual's responsibility.</p>
<p>All sponsorship money should be forwarded to Simplyhealth within 3 months of the event.</p>



Registration Fee and Minimum Donations

By registering to take part in this fundraising event, you are pledging to make every effort to raise as much money as possible for our chosen charity, tbc January 2018. Below is the suggested amount you should aim to raise and the non-refundable registration fee required for registration. This can be paid by credit card, monthly report or by cheque (made payable to Simplyhealth Ltd) and will help cover costs associated with your event.

Event	Suggested Minimum Donation*	Registration Fee
Yorkshire Three Peaks	£200	£160

* Donations to the charity can be a one off donation from yourself or from collected sponsorship.

Payment Options

I would like to pay my registration fee via:

Option	Please tick
Monthly report	
Cheque	
Credit card	

Registration Statements

- I agree to take part in the Simplyhealth Charity Event for our chosen charity.
- I agree to pay the non-refundable deposit.
- I confirm that the medical history provided is a true and accurate and to the best of my knowledge.
- In the event of illness or an accident on the trip, I hereby give my permission for the first aid staff to initiate medical treatment and notify my next of kin in case of hospitalisation.
- I understand this form and your information will be treated as confidential and will be used if medical attention is required during the event.
- I agree to the above Terms and Conditions.
- I confirm that I have understood the need for fitness and I take full responsibility for my fitness to take part.
- I understand that I will only be registered onto the event when I have fully completed and returned this form and the deposit.

Signed: _____ Date: _____

Please send your completed forms to events@denplan.co.uk or to Events Team, Simplyhealth Professionals, Simplyhealth House, Victoria Road, Winchester, SO23 7RG.