

## AbleChildAfrica - Africa Cycle Challenge 2012

**Thank you for signing up to our Challenge.**

Please complete the following clearly in BLOCK CAPITALS

Name of Challenge	AbleChildAfrica - Africa Cycle Challenge 2012
Date of Challenge	23rd February - 2nd March 2012
Registration Fee	£250
Fundraising Target	£3,500

### PERSONAL DETAILS (as per passport)

Title		Forename	
Age		Surname	
DOB		Email	
Tel (day/eve)		Mobile	
Address			
Passport No.		Place of Issue	
Date of Expiry		Nationality	

Your passport must be valid for at least 6 months from the date of your return to the UK. **Please also enclose one photo-copy of your passport with this application form.**

### ADDITIONAL INFORMATION

All accommodation will be shared and single sex unless there is someone you wish to share with?

Do you have any special dietary requirements or food allergies?

How much cycling experience do you have?

Do you consider yourself disabled? If yes, please provide information and detail any accessibility requirements.

Where did you hear about this Challenge?

website  charity  publication  word of mouth  other

T-shirt size XS S M L XL (Please circle)

# Term and Conditions of Entry



Please tick each box below to demonstrate your acceptance of the condition

I have enclosed a non-refundable registration fee of £250 for each application (payable to AbleChildAfrica).

This is a non-refundable fee to demonstrate your commitment to undertaking this challenge. This deposit is payable by cheque (preferred) or BACS transfer, please contact AbleChildAfrica for banking details

I pledge to raise a minimum of £3,500 sponsorship for AbleChildAfrica

I understand that a minimum of £3,000 will be due to AbleChildAfrica 10 weeks prior to departure with the remainder due in full a minimum of two weeks prior to departure. I have been informed that the £3,500 target is inclusive of the registration fee. I understand that if I am unable to meet these sponsorship requirements I may forfeit my place on the challenge or be liable to pay the remainder through alternative arrangements.

I understand that it is my responsibility to arrange for a visa to both Tanzania and Kenya prior to departure and that these costs are not included

I understand that all donations to AbleChildAfrica are for general charitable purposes.

I agree that donated monies are not restricted to a particular purpose, activity overseas partner and that I cannot provide conditions for the use of money raised on my behalf unless agreed in writing prior to the trips departure. All money raised can be used at the discretion of AbleChildAfrica's management as consistent with AbleChildAfrica's mission statement and values and for purposes regarded as charitable under the laws of England and Wales.

I understand that if I have any medical conditions that could be affected by strenuous activity, or am over 60, I must get written clearance from my doctor prior to departure. In signing below I confirm that my general state of health and fitness is good, that I have no knowledge of a pre-existing condition which could affect my performance on this cycle challenge and that I take full responsibility for myself and my health.

I understand that I am responsible for my own insurance.

I understand that I must have adequate insurance suitable for the location and activities of this trip as a condition of participation. I understand that it is my responsibility to arrange such insurance and that proof of such insurance is due at least four weeks prior to departure. I understand that any additional cost I incur to take out appropriate insurance is not included and at my own expense. Recommended insurers can be provided by Action Challenge.

In addition, I understand each of the following conditions:

- All flights will be booked through Action Challenge UK Ltd, ATOL 6296.
- My passport must be valid for at least 6 months from the date of my *return* to the UK.
- On receipt of my final payment, I will receive further trip notes, including an ATOL receipt to confirm my flight arrangements.
- I accept that all instructions given to me on the challenge must be observed for my own safety.
- I certify that all information I have provided on this application form and any further forms, is/are correct to the best of my knowledge.

Under the Data Protection Act you may let us know at any time, if you no longer wish to receive mailings from AbleChildAfrica or Action Challenge.

Please tick if you do not want to receive future challenge information from Action Challenge:

Please tick if you do not want to be contacted by AbleChildAfrica in the future (except for information about this challenge)

If you would not like your email address to be passed on to your fellow challenge participants, please tick:

I have read and agree to abide by the Action Challenge Event Terms and Conditions.

Signed

Date

Enclosed is:

- My cheque for the registration fee, made payable to 'AbleChildAfrica'
- My medical questionnaire
- One photo-copy of my passport

Please return all forms to:

Cycle Africa 2012, AbleChildAfrica, Southbank House, Black Prince Road, London SE1 7SJ, UK

Event organised by: Action Challenge [www.actionchallenge.com](http://www.actionchallenge.com)

# Medical History



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 do 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		Forename	
Age		Surname	
DOB		Email	
Tel (day/eve)		Mobile	

## MEDICAL HISTORY

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

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If you answered YES to the question regarding asthma, please answer the following:

When was the last time you needed hospital treatment?	
When was the last time you needed steroid tablets?	
What medication/inhalers do you currently use?	

Are you currently taking any medication? If so please explain:

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In case of an emergency, please contact:

Title		Relationship to you	
Forename		Surname	
Tel (day/eve)		Mobile	

# Medical Declaration



I understand and agree that my personal data may be processed and/or transferred outside of the European economic area in order for the full and proper performance of the challenge contract. I understand that Action Challenge UK Ltd. will only transfer to the extent required.

I hereby give permission for Action Challenge UK Ltd. or other expedition staff to initiate medical treatment and to inform my emergency contact if I go to hospital while on the event.

To the best of my knowledge, this is 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, possible involving basic camping. They may be trekking or cycling for approximately 8 hours over tough terrain, in extremes of temperature climate and altitude. The participant may have to cope with basic facilities such as long-drop toilets, primitive washing facilities, and living under canvas. The food may be cooked over open fires or gas burners. Action Challenge UK Ltd. will provide a local medical professional on most trips to give immediate first aid in the event there may be an accident, however, the event may be a considerable distance from any hospital.

With the above information, if there is any matter of which you feel Action Challenge UK Ltd. should be aware of, please supply details on a separate sheet. If you need any further information, please feel free to call us on +44 (0)20 7354 1465.

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			

Please return all forms to:

**Cycle Africa 2012, AbleChildAfrica, Southbank House, Black Prince Road, London SE1 7SJ, UK**