

## Individual Trikes Registration Form

### 1. CONTACT DETAILS

Full Name:				
Date of Birth:		Gender:		
Email:				
Home/Centre Phone:		Cell:		
Address:				
Centre/Organization				
Emergency Contact Name:		Phone:	Relationship to you:	
Session attending to (Schedule on page 2)			Frequency:	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>

### 1. PHOTO & VIDEO CONSENT

I consent for my photo to be taken and used on Grassroots Trust Velodrome for our social media and our website.  
 I do not consent

I consent for videos to be taken and used on Grassroots Trust Velodrome for our social media and our website.  
 I do not consent

### 2. PAYMENT

Invoice – add email if different	Full Term through reception	Causally (before each session)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. MEDICAL HEALTH

Please list any medical conditions (Physical or Intellectual):			
Please list any recent surgeries and/or injuries that may affect your ability to ride a Trike:			

Do you have any of the following challenges?

Hearing	YES / NO	Give details:	
Balance/Stability	YES / NO	Give details:	
Maintaining seated posture	YES / NO	Give details:	
Vision	YES / NO	Give details:	
Seizures	YES / NO	Give details:	
Grip strength – lack of Left/right	YES / NO	Give details:	
Fainting/dizzy spells	YES / NO	Give details:	

Mobility	YES / NO	Give details:	
Other	YES / NO	Give details:	
Please list any medications:			

Do you carry emergency medications with you?	YES/ NO/ NA	Give details:	
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#### 4. PRIVACY

You will need to supply your rider's personal information to the Grassroots Trust Velodrome in respect of this application. Your / your riders' privacy is important to us. Your / your riders' personal information is not shared with outside parties. The contact details and medical information you provide will only be used in relation to your use of the Grassroots Trust Velodrome and to send you relevant information. If you would like to update the information that you have provided, please send an email to [reception@velodrome.nz](mailto:reception@velodrome.nz) with the desired amendments. The Grassroots Trust Velodrome does not sell, trade, or otherwise transfer to outside parties your personally identifiable information unless necessary for first aid intervention on site. We may use non-identifying and aggregate information to better deliver our services. To prevent unauthorized access, maintain data accuracy and ensure the correct use of information, we have put in place appropriate physical, electronic and managerial procedures to safeguard and secure your personal information. Should you have questions or concerns about this privacy statement, please contact us via [reception@velodrome.nz](mailto:reception@velodrome.nz)

#### 5. WAIVER

By signing this form, you acknowledge physical exercise can be strenuous and subject to risk of serious injury, the Grassroots Trust Velodrome urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any physical activity. By signing you also agree that if you engage in any physical activity, or use any amenity on the premises, you do so entirely at your own risk. You agree that you are voluntarily participating in the use of this facility and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property. This waiver and release of liability, which includes, without limitation, all injuries which may occur, regardless of negligence, as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) any dietary recommendations and (d) your slipping and /or falling while in the Grassroots Trust Velodrome premises, including adjacent sidewalks and parking areas

I confirm that the information contained within this form is true and accurate and I have read the privacy information.

Signature:	Date:	
<b>If Under 18: I, being the above-named parent/guardian, understand and agree that my child participates in coaching sessions under instructions given by Grassroots Trust Velodrome instructors, entirely at their own risk. I agree for First Aid to be administered to my child if deemed necessary as a result of a crash.</b>		
Parent/Guardian Name:	Email:	
Parent/Guardian Signature:	Date:	

**Please send to [trikes@velodrome.nz](mailto:trikes@velodrome.nz) any questions about session times contact Louisa at [trikes@velodrome.nz](mailto:trikes@velodrome.nz) or [0212806612](tel:0212806612)**

<b>SESSION SCHEDULE</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
9:30am – 10:25am	9:30am – 10:25am	9:30am – 10:25am	9:30am – 10:25am	9:30am – 10:25am
10:30am – 11:25am	10:30am – 11:25am	10:30am – 11:25am	10:30am – 11:25am	10:30am – 11:25am
11:30am – 12:25pm	11:30am – 12:25pm	11:30am – 12:25pm	11:30am – 12:25pm	11:30am – 12:25pm
1:00pm – 1:55pm	1:00pm – 1:55pm	1:00pm – 1:55pm	1:00pm – 1:55pm	1:00pm – 1:55pm
2:00pm – 2:55pm	2:00pm – 2:55pm	2:00pm – 2:55pm	2:00pm – 2:55pm	2:00pm – 2:55pm