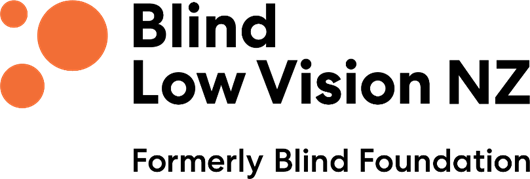
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| Date received |  |
| Date payment received |  |
| Method of payment |  |



**Programme/Event Registration Form (electronic version)**

**Name of Event:** Otago Rail Trail – National Tandem Biking

**Event Dates:** Friday 12th March to Tuesday 16th March 2021 (incl travel)

Please note there are 2 sections to this form. Please ensure both are completed, and return the form to the coordinator of this programme.

## Section 1: Participant details

**Name**:

**Address**:

**Telephone**:

**Mobile**:

**Email address**:

**Age/Date of Birth**:

Emergency Contact Details (during the time of the event)

**Name**:

**Relationship**:

**Address**:

**Email**:

**Day phone**:

**Evening Phone**:

**Mobile**:

Eye Conditions:

**What is your eye condition?**

**Partially sighted**: Yes / No

**Totally Blind**: Yes / No

**Corrected visual acuity** (if known):

**Do you wear glasses?** Yes / No

**Contact lenses:** Yes / No

**Do you use a cane?** Yes / No

**Do you use a guide dog?**  Yes / No

**In what format do you prefer to receive information? e.g. email, braille, text, large print etc**:

**How well are you able to use the vision you have in everyday situations? e.g. getting around, steps, poor light conditions**:

# Background information

**Are you currently active on a tandem bike?** Yes / No Please detail your tandem experience, current bike fitness, usual bike distances etc.

**What other active recreation activities are you currently doing?**

**Do you own or have access to a tandem bike for training?** Yes / No.

**What support do you need to get fit and ready to complete the 150 km Trail?**

**Have you previously attended an event similar to this?** Yes / No If yes, please supply details:

**What outcomes do you hope to gain from participating in this event?**

## Section 2: Health profile and medical consent

(This section is designed to assist with the care of all participants on Blind Low vision programmes)

**Family Doctor**:

**Telephone**:

**Medic Alert Number** (if applicable):

# Medical/Health Conditions

**If you are unsure whether any current medical condition may affect you during this event please consult your doctor to ensure your wellbeing before commencement.**

Please indicate yes or no if you suffer from any of the following, and the treatment / first aid that may be required:

**Migraine**: Yes / No

**Asthma**: Yes / No

**Diabetes**: Yes / No

**Travel sickness**: Yes / No

**Seizures of any type**: Yes / No

**Heart condition**: Yes / No

**Dizzy spells**: Yes / No

**Colour blindness**: Yes / No

**Hearing impairment**: Yes / No

**Other**: please give details of other medical conditions/disabilities

**Do you have any allergies**? Yes / No If yes, please state along with treatment:

**Are you currently taking medication?** Yes / No If yes, please state name/s of health condition/s and medications/s:

**Please outline any special dietary requirements**:

**Do you need support with personal care?** Yes / No If yes please specify:

**Out of 10 please rate your level of confidence to complete the 150 km trail (where 1 is very unlikely, and 10 is easy, no challenge)**.

**Please provide any other information that we should be aware of regarding your health, fitness and wellbeing**:

# Declaration:

I, the undersigned, have disclosed all necessary information to ensure my safety and well-being during this event.

I understand that places are limited. Also that due to the nature of some activities and / or external provider requirements, additional specific selection criteria may be used. This may mean I may not be selected for participation on this occasion.

I will inform the Blind Low Vision NZ event coordinator as soon as possible of any changes in my medical and /or other circumstances that may arise between now and the commencement of the programme

I understand that any injuries or illness will in the first instance be attended by a Blind Low Vision NZ staff member trained in first aid. I agree to receiving any emergency medical, dental, or surgical treatment as may be considered necessary by the medical authorities and that this will be secured at my expense.

I consent to be involved in any publicity, including photographs.

The staff and volunteers will exercise all due care, but will be clear of all liability in the event of any injury, damage or loss I may sustain to person or property.

COVID 19: Your safety is priority. At Blind Low Vision NZ, we follow Government Guidelines and protocols we also have our own operating procedures for alert levels. Due to the nature of this event, this cannot take place if the alert levels do not allow. You are expected to follow the government guidelines; Stay home if you’re sick, scan QR codes and wash your hands.

I have read the event information sheet and I understand that there may be risks associated with involvement in Blind Low Vision NZ events and that these risks cannot be completely eliminated. I understand that Blind Low Vision NZ will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimize those hazards.

**Signed by**:

**Date**:

End.