

Bike Active North Suffolk (BANS) – registered charity 1209467 - Client / Service User Registration Form (Rev 003)

A: Participant Details (for records & bike match)

Full Name:	Date of Birth:
Height (m):	Weight (kg):
Address:	Post Code:
Tel no (most used):	Email:
Emergency Contact Name:	Emergency Contact Tel no:

B: Health Screening

For most people, physical activity does not pose a hazard and can improve overall health & well-being. Cycling, however, can be strenuous and therefore riders should be in good physical health. **Riders who have any doubt about their health or a medical condition that could be affected by exercise, should consult medical advice before participating.**

Have you been diagnosed by a health professional with the following medical conditions (provide details as required)?	Yes	No	Rather not say
B1 Heart disease or a heart condition			
B2 High blood pressure			
B3 COPD (Emphysema and Chronic Bronchitis) or asthma			
B4 Diabetes			
B5 Asthma			
B6 Fits / seizure / epilepsy			
B7 Stroke			
B8 Blind or partially sighted			
B9 Deaf or hard of hearing			
B10 Require a wheelchair			
B10.1 If "yes" to B10, can you transfer at our session, from your chair to a fixed bike seat or chair (enter supporting details below)?			

Do you experience any of the following? (Advise BANS if you have other conditions which you feel we might need to know of)	Yes	No	Rather not say
B11 Pain in your chest whether or not you do physical activity			
B12 Loss of balance, dizziness or loss of consciousness			
B13 Bone/joint issues that worsen by changed physical activity			
B14 Do you have a long-standing (>12 months and continuing) illness, condition or disability which affects/limits daily activities			
If yes, please give brief details:			

C: Activity & Helmet Consent

BANS strongly recommends all riders wear a helmet

I understand the sessions will be led by experienced volunteers, whose roles include giving advice and support on cycling issues such as helmets, types of bikes and making adjustments as needed. I will follow the advice, rules and code of conduct available from BANS and take full responsibility for my/my client's personal safety. I accept there is some risk such as falling, and I know why it is important to wear a helmet to reduce the risk of injury. I agree to wear a cycle helmet (if not, I accept personal responsibility for associated injury).

Yes	No

D: Using & Sharing Your Information

Information will be held in accordance with the Data Protection Act 1998. Anonymous data may be used to evaluate sessions and provide evidence to funders. It will be used by BANS to further safeguarding and promoting the use of cycling to improve general health. It will be held in secure areas which may be used to draw anonymised reports regarding BANS.

E: Declaration

E1: If I have answered 'Yes' to one or more of the health screening questions, I have sought medical advice as required. I agree to tell BANS if there is a change in my medical condition. I understand that this information will be shared within BANS and that I cycle at my own risk.

E2: I understand that carers (responsible adults) must remain with their clients at all times.

E3: I have read, understood and agree to the statements on 'Using and sharing information'.

NOTE: The minimum age for signing consent is 18. People deemed not to have capacity can only use a bicycle if a parent or legal guardian/ carer aged 18 or over accompanies them and/or has given their prior consent and signed this form.

Print Name:	Signed:	Date:
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Relationship to service user (if not signed by service user):

Carer	Support Worker	Parent/Guardian	Family Member	Other:
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F: About You:				
F1: Do you exercise regularly (e.g. at least 30 minutes/week of moderate physical activity such as brisk walking, cycling, exercise, or active recreation)?		Y / N		
F2: How would you describe your cycling experience (e.g. new, regular or restarting)?				
G: How did you hear about BANS? Please tick all that apply				
GP/health professional ref	Poster/advertisement	Word of mouth		
Leisure Centre	Social or care group	Online or website		
Cycling/Walking group	Social media	Other (state):		
H: Photo and media consent				
<p>For promotion, BANS may wish to take photos or film footage during activities. These images may appear in our local or national printed publications, on our website, social media, or be used in local newspapers or other print media including our flyers and publicity, and/or be used for fund raising purposes. Tick "Yes" (I do consent) or "No" (I do not consent for BANS to use this media these purposes).</p> <p>Consent can be withdrawn at any time by contacting info@bansuffolk.com</p>		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
I: Internal BANS use:				
Data uploaded/recorded (e.g. WFA "Kinetic")	Print name:	Date:		

Document approved for use: David George (Chair)

D. George

31st July 2025