

REGISTRATION FORM

Your Challenge

Name and date of Challenge you wish to register for

Personal Details

Title (Mr/Mrs/Miss/Ms):.....

Surname:..... Forenames:.....

(As they appear on your passport)

Address:.....

Postcode:.....

Telephone No. Daytime:.....

Evening:.....

Mobile:.....

Date of Birth:.....

Place of Birth:.....

Nationality:.....

Marital Status:.....

Passport Number:.....

Place of Issue:.....

Passport Start Date:.....

Passport Expiry Date:.....

Your Height:.....

Your Weight:.....

Would you like your contact details to be circulated to the group? Yes/No

Please include a photocopy of the page in your Passport containing your photograph. Your Passport must be valid for at least six months from the Challenge date.

All communication from Global Adventure Challenges regarding your event will be sent by email.

Email Address:..... Please let us know if you require mailings by post.

If you are participating in the India Motorcycle Challenge, please include a photocopy of your Driving Licence, which must be valid for Category A vehicles.

Accommodation

Accommodation will be on a room sharing basis. Please give name(s) of anyone with whom you have agreed to share below:

The Challenge Event

How did you find out about the Challenge Event?

Through Global Adventure Challenges website/advertising? Yes/No

Other? (Please give details)

Charity Details

My Charity Is:.....

Contact name:.....

Address of Charity:.....

Postcode:.....

Telephone number:.....

Email Address:.....

Insurance

It is recommended that your Travel Insurance cover be taken through Global Adventure Challenges. Once you have completed the registration formalities and we have confirmed your place on the challenge, we will send you further information regarding the Travel Insurance policy.

Payment Options

Preferred payment option: Payment Option A* / Payment Option B* *please delete as appropriate

I agree to the Global Adventure Challenges Open Challenge Booking Conditions, (available on request and via www.globaladventurechallenges.com), and enclose payment for my Registration Fee.

Participant's Signature Date

Payment Details

*Cheque enclosed totalling £ (Registration Fee - made payable to Global Adventure Challenges)

*Please debit £ from my credit/debit card (details below)

Name (as it appears on the card)

Type of card (e.g. Visa, Delta, etc)

Card No. _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Valid from Date _ _ / _ _

Expiry Date _ _ / _ _

Switch issue No. _ _ _ _

Security No. _ _ _ _ (last 3 digits on reverse of card)

*Please delete as appropriate



Tel: 01244 676454

Email: start@globaladventurechallenges.com

MEDICAL QUESTIONNAIRE

Please complete this questionnaire. Your answers will be treated in the strictest confidence and will not adversely affect your chances of participating in the Challenge.

If you answered YES to any of the questions in section A, are in any doubt concerning you health, or over 64 years of age you MUST consult your Doctor and have the Challenge Itinerary signed confirming you are well enough to participate in your chosen Challenge.

Name: Date of Birth:

- A**
- | | | |
|--|-----|----|
| Are you taking any medication? | Yes | No |
| Have you been hospitalised within the past two years? | Yes | No |
| Are you suffering from or are a carrier of any infectious disease? | Yes | No |
| Are you registered disabled? | Yes | No |
| What Blood type are you (if known):- | | |

Do you have a history of:-

- | | | |
|--|-----|----|
| Asthma or wheezing (with breathing or exercise): | Yes | No |
| Severe attacks of hayfever/allergy: | Yes | No |
| Any form of lung disease: | Yes | No |
| Cancer: | Yes | No |
| Chest Surgery: | Yes | No |
| Claustrophobia or Agoraphobia: | Yes | No |
| Behavioural health problems: | Yes | No |
| Epilepsy, seizures or convulsions: | Yes | No |
| Recurring migraine headaches: | Yes | No |
| Blackouts or fainting: | Yes | No |
| Motion sickness: | Yes | No |
| Recurring back problems/surgery: | Yes | No |
| Diabetes: | Yes | No |
| Arm or Leg problems: | Yes | No |
| High blood pressure: | Yes | No |
| Any heart disease/heart attacks: | Yes | No |
| Angina/heart surgery or blood vessel surgery: | Yes | No |
| Hearing loss or problems with balance: | Yes | No |
| Bleeding or other blood disorders: | Yes | No |
| Any type of hernia: | Yes | No |
| Ulcers or ulcer surgery: | Yes | No |
| Bowel disorder: | Yes | No |
| Drug or alcohol abuse: | Yes | No |
| Are you awaiting tests/investigations/results/surgery: | Yes | No |
| Do you take prescription medicine: | Yes | No |
| Are you pregnant: | Yes | No |
| Do you suffer from any phobias (heights, water etc.): | Yes | No |
| Are there any other medical issues not covered which are relevant to your well-being on the Challenge: | Yes | No |
| Are you a Smoker?: | Yes | No |

B If you have answered YES to any of the above please give details below:

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If you require a copy of the relevant Challenge itinerary for your Doctor to sign please contact Global Adventure Challenges.
Do you have any dietary requirements i.e.. Vegetarian, vegan? If so please provide FULL details:

.....

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C Next of Kin

Full Name: Relationship:

Full address:

.....

.....

Postcode:

Telephone No. Daytime: Evening:

Mobile:

Medical Treatment - it is a condition of joining any Global Adventure Challenge that in cases of emergency the Global Adventure Challenges representative has you authority to arrange any necessary medical or surgical treatments and to sign any required form of consent on your behalf.

I understand that the Challenge will involve strenuous activity. Before departure of the expedition, if I have any concerns regarding my physical fitness or health, I will consult my GP immediately. To the best of my knowledge this is an accurate description of my medical history and current fitness.

Signed: Date:

Please return this completed form to: Global Adventure Challenges, Red Hill House, Hope Street, Saltney, Chester, Cheshire CH4 8BU

