

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 Overseas 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 *Please delete as appropriate

*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)

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 your 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:

Section 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

Section B

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

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:

.....

Next of Kin Details

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: