
Section 2: Declaration (please √ or × in the box as required)

I understand that there is an element of risk involved with the playing of all sports.

I have read the Risk Assessment, Code of Conduct, and Constitution of the Cycle Club as displayed on our webpage and I agree to abide by the clubs guidelines at all times. Where qualified coaches are in place, I agree to follow the coaches instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.

I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignore instructions from the Club Coach.

I agree to this form being kept indefinitely by the Cycle Club, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee and Coaches. Other than the club or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

Section 3: Medical Information (please √ or × in the box as required)

I have 'No' medical condition which will prevent me from taking part fully in my sport.

I have a Medical Condition which may limit/prevent full and safe participation in my sport.

I agree to bring medication (where required) to all club sessions.

I will inform my club President if the **circumstances change** in the course of the academic year.

Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

Name:.....

Signature:..... Date:.....

**Please return this form with cheque made payable to 'Oxford University Cycling Club' to:
Sebastian Pancratz (Treasurer) - Hertford College, Oxford, OX1 3BW**
