

### Personal Details (PLEASE PRINT CLEARLY)

<b>Applicant's Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>Applicant's School Name:</b>	<b>Year in School (in 2013/2014):</b>	

**Applicant's Contact Address:**

**Contact Number (Parent contact number if under 18, personal number if 18 years+):**  
(Home) (Mobile)

**Emergency Contact Name and Relationship to Applicant:**

**Emergency Contact Number:**

**Email Address (Parent email if under 18, personal email if 18 years+):**

Please tick here if you do not want us to use your email to send you our newsletter and information about courses and activities ☐

### Exercise History:

<b>How often do you exercise on average, each week?</b> 0 to 45 mins <input type="checkbox"/> 2 to 5 hours <input type="checkbox"/> 45 mins to 2 hours <input type="checkbox"/> At least 5 hours <input type="checkbox"/>	<b>How often do you cycle, each week?</b> Less than once a week <input type="checkbox"/> Once or twice per week <input type="checkbox"/> At least three times per week <input type="checkbox"/>
<b>How long do you think you would be able to cycle without taking a break?</b> 0 to 30 minutes <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> At least 2 hours <input type="checkbox"/>	<b>How confident are you cycling in traffic?</b> Very nervous, regardless of traffic <input type="checkbox"/> Bit nervous in medium to high traffic <input type="checkbox"/> Relatively confident in traffic <input type="checkbox"/> Confident in all traffic environments <input type="checkbox"/>

### Equipment:

**Do you own a bike that is/will be in good working order for the programme?**  
 Yes ☐ No\* ☐  
 \*Please note that if you do not own a bike we can source one for you to borrow for duration of programme

**Do you own a helmet at present/ are you willing to purchase one to take part?**  
 Yes ☐ No\* ☐  
 \*Please note that you must have your own helmet to take part, helmets are compulsory on spins & 50km SKT route

### Fee:

I have enclosed the fee of €30 for the Bike for Life Programme ☐  
**Please make cheques payable to Waterford Sports Partnership**

### Parental Consent:

**I am under 18 yrs-** A parent/gauradian must complete&return **Cycling Ireland Consent Form**  
**I am 18 yrs or over-** You do not need parental consent

### Please Note:

Please be advised that photographs/videos may be taken at training spins which may be used for promotional purposes (eg; WSP website, Facebook page, newspaper, newsletter articles). If you do not wish to be in photographs, or if you do not want your child to be in any photographs, please advise leaders.

**Places will be filled on first come first served basis for suitable applicants.**

**Please Send Completed Application Form, Consent & Fee by Wednesday 25<sup>th</sup> June to:**

Sarah Chadwick, Asst. Sports Development Officer,  
 Waterford Sports Partnership, Civic Offices, Dungarvan, Co. Waterford  
 058-21199/086-4650063 | [schadwick@waterfordsportspartnership.ie](mailto:schadwick@waterfordsportspartnership.ie)  
[www.waterfordsportspartnership.ie](http://www.waterfordsportspartnership.ie)