

Children in Need Night Ride

Emergency contact details

Rider / Participants Name; _____

Telephone Home; _____ Mobile _____

Email address _____

Date of Birth: __ / __ / ____

Address; _____

Health Notes:- _____

Emergency contact name;

Relationship; _____

Address; _____

Telephone Home; _____ Mobile _____

I _____ accept the terms and conditions as explained to me by Ribble Valley Junior Cycling Club to participate in this ride.

Signature: _____