

Skydive Registration form

If you need more registration forms, please photocopy or contact:
fundraising@hospiceathome.co.uk – 01768 210 719

Your details Please tell us about yourself

You can also register online at www.hospiceathome.co.uk

Title: _____ Surname: _____
Forename(s): _____
Address: _____
Postcode: _____
Email address: _____
Telephone no. _____ Mobile phone no. _____

There are two entry options for the skydive, please choose below:

- OPTION 1 – pay £220 to cover the event costs then raise £195 in sponsorship
 OPTION 2 – pay £100 entry fee then raise £320 (part of which will be used to cover the event costs.)

Do you have any medical conditions?

Please let us know if there are any medical conditions we should be aware of. Please write 'none' if this is not applicable to you:

Emergency contact details

Please provide details of someone we can contact in the case of an emergency:

Emergency contact name _____ Emergency contact number _____

Gender

Please select below:

Male

Female

Age

You must be over the age of 16 to take part in the Skydive. Please tell us your age bracket. Are you:

16-69

70+

Weight

Please give us an approximate idea of your weight, to forward on to the Skydive Organisers. Please note to complete a tandem skydive you must be under 15 stone for males and 13 stone for females. You must also be over 8 stone.

T-shirt sizes

Please tick one of the boxes below to tell us the t-shirt size you need. T-shirts are a unisex fit.

Small

Medium

Large

X-large

XX-large

Keep in touch

We'd love to keep in touch with you about the work of Hospice at Home and our future events. We will never disclose or sell your information. If you don't want to be added to our database please tick the box below

Please don't send be any mailings that aren't related to this event

Payment details (£100/£220 registration fee)

You can pay by cheque or credit/debit card/BACs.

I enclosed a cheque payable to 'Hospice at Home Carlisle and North Lakeland' for

£

I have transferred my registration fee via BACs - **Account no 00628141 sort code 30-16-28** -
with the following reference

Please debit £ From my credit/debit card (details below)

Name (as it appears on the card) _____

Card no. _____

Valid from date _____

Expiry date _____

Security no. _____

P.T.O.



Hospice at Home Conditions of Entry I am aware that the organisers, their employees and volunteers cannot be held responsible for any personal injury, accident, loss, damage or public liability. I am aware that photographs taken on the day may be used for promotional purposes. I can confirm I am in reasonable health and fitness. I am also aware that each participant is asked to commit to raise sponsorship.

Fundraising Agreement: I confirm that I have paid my registration fee of £100.00 or £220.00, depending on which option I have chosen, to Hospice at Home Carlisle and North Lakeland (registered charity number 1095708). I understand that this fee is non-refundable under any circumstances. I have pledged to use my best endeavours to raise the required amount of sponsorship funds and donations for the charity in order to participate in the Hospice at Home Skydive Challenge.

It is a legal requirement under the Charity Act 1992 for you to agree to the fundraising terms listed below. Please therefore read the terms and then sign.

I agree that I will;

1. Use my best endeavours to raise my required sponsorship monies and donations for Hospice at Home Carlisle and North Lakeland in order to participate in the challenge and that I will send them to The Fundraising Office.
2. Keep details of the names and addresses of and amounts donated or pledged by all donors, and provide such details to the organisers at Hospice at Home Carlisle and North Lakeland on request.
3. Send details of how the money was raised, including all sponsorship forms, no later than the event date, or when requested by the organisers.
4. Ensure that all cheques and other forms of donation are made payable to Hospice at Home Carlisle and North Lakeland and not me personally.
5. Not raise funds by carrying out house to house collections.
6. Not collect in any public place without first obtaining a collector's licence from the local authority.
7. Not collect on private property (including shops, pubs etc) without first obtaining the permission of the owner.
8. Not organise any raffle or lottery without first contacting Hospice at Home Carlisle and North Lakeland and seeking approval for all promotional materials and tickets etc, used.
9. Advise the organisers in advance of putting on any public event.
10. Not reproduce any of the Charity and Hospice at Home Skydive Challenge logos.
11. Not do anything to bring Hospice at Home Carlisle and North Lakeland into disrepute.
12. I understand and consent for Hospice at Home to pass on my contact details to Black Knights.

I understand that Hospice at Home Carlisle and North Lakeland as organisers of the Skydive Challenge may terminate my rights to fundraise at any time.

Black Knights Conditions of Entry *Skydiving and parachuting is an activity sport and, as such, a degree of physical fitness is required. Those taking part must therefore comply with the following age, weight, height and health restrictions:

1. All customers are weighed on arrival. Providing false or inaccurate information in advance may result in your exclusion from the jump. Max 15 stone Min 8 stone.
2. As our concern is for your safety, we reserve the right to refuse training at the Chief Centre Instructor's discretion. In addition, to improve safety, the CI may choose to postpone a jump if weather conditions are not suitable for an individual at that time.
3. If you have a medical condition or injury at any age, you must inform us and may be required to get a medical form signed in advance. If you are in any doubt as to your physical ability to take part in the skydive then you must consult your doctor.

Agreement I have enclosed payment to cover my registration fee and agree to the Hospice at Home Carlisle and North Lakeland Terms and Conditions (available online at www.hospiceathome.co.uk or on request) and Black Knights Conditions of Entry. I also agree for relevant information to be passed onto Black Knights.

Print name _____ Signature _____ Date _____

Please return this form to: Fundraising Department, Home at Home Carlisle and North Lakeland, Valley Court, Barras Lane, Dalston, Cumbria, CA5 7NY.