

TransArdenne Biking Heroes Team Challenge 2018

Form of aptitude

Name of the team:

PERSONAL DATA

First name:

Surname:

Date of birth:

Nationality:

Postal address:

Country:

Contact person in the case of a problem

Name:

Phone number:

Degree of relationship:

SPORTIVE INFORMATION

Level

Beginner/Advanced learner/Expert

Classification

Healthy/Disabled:

Experience in the field of race stage

Do you have already participated on a race that took 3 days? Yes/No

MEDICAL INFORMATION

Nature of the handicap (precise description):

Medical antecedent (epilepsy, ..):

Current medication:

Do you have allergy ? Yes/No

- Medical allergy: to be specified:
- Food allergy: to be specified:
- Respiratory allergy: to be specified:
- Others: to be specified:

Vaccination: date of the last refreshment of the tetanus shot:

Blood group:

I _____ allow every type of medical and surgical intervention that is necessary for my state of health.

PERMISSION FROM THE PARENTS

In the case of a minor, I _____ mother/father/guardian of the child allow every type of medical and surgical intervention that is necessary for the state of health of my child.

Date and signature of the participant

Date and signature of the legal guardian