

THANK YOU FOR YOUR INTEREST IN A
BIKEABILITY CYCLE SESSION.
PLEASE FILL THIS FORM OUT TO AID
YOUR PERSONAL TRAINER.



1. NAME 2. ADDRESS

3. PHONE

MOBILE

EMAIL

4. PLEASE TICK THE TRAINING SESSION WHICH YOU DESIRE:

60 mins (£18) 90 mins (£23)

CHEQUES/POSTAL ORDERS SHOULD BE CROSSED AND MADE PAYABLE TO :
CITY OF YORK COUNCIL.

5. PLEASE TICK PREFERRED TIME FOR YOUR TRAINING. ALL EVENING SESSIONS
MUST BE COMPLETED BY 9pm.

A) WEEK DAY WEEKEND B) DAYTIME EVENING ANYTIME
9am to 5pm 5pm to 9pm

6. WHICH OF THE FOLLOWING AGE BANDS ARE YOU?

Under 16* 16-20 21-30 31-40 41-50 51-60 61-70 71+

* Parent or guardian signature required overleaf. The training will take place on the public road. Your child will wear a high visibility top and will be supervised at all times.

7. SEX: MALE FEMALE

WOULD YOU PREFER AN INSTRUCTOR OF THE SAME SEX?

8. WHAT TYPE OF BICYCLE DO YOU INTEND RIDING DURING THE TRAINING?

HYBRID TOURING MOUNTAIN RACER FOLDING

OTHER, PLEASE SPECIFY

9. HOW WOULD YOU DESCRIBE YOURSELF AS A CYCLIST?



10. HOW OFTEN DO YOU CYCLE?

Most days Once a week Once a fortnight Once a month Never

IS THIS IN: Heavy traffic Light traffic

11. DO YOU SERVICE YOUR BIKE YOURSELF? Yes No

12. DO YOU WEAR A CYCLE HELMET? Yes No

13. HAVE YOU EXPERIENCE OF RIDING OR DRIVING ANOTHER VEHICLE?

Yes No

IF SO WHAT TYPE?

14. PLEASE TICK ANY OF THE FOLLOWING YOU WOULD LIKE TO INCLUDE AS PART OF YOUR COURSE:

GENERAL CYCLING IN TRAFFIC MULTI LANE ROADS

ROUNDBABOUTS CROSSROADS

TRAFFIC LIGHTS MULTI LANE JUNCTIONS

ROUTE PLANNING, IF YOU WOULD LIKE US TO HELP YOU PLAN A SPECIFIC ROUTE PLEASE ENTER

START:

FINISH:

WHAT ELSE WOULD YOU LIKE TO DO IN YOUR SESSION?

15. IS THERE ANYTHING ELSE WE SHOULD KNOW?

I agree to make the instructor aware of any medical condition I have which may affect my training. CYC leaves the decision about wearing a cycle helmet entirely up to the individual. Please see websites www.bhit.org or www.bhsi.org or www.cyclehelmets.org for further information. It is my responsibility to ensure that my bicycle is roadworthy before attending the training session. I understand my trainer may refuse to take me out if my bike is unroadworthy.

Signed

PLEASE RETURN TO :
ROAD SAFETY TRAINING COORDINATOR
9 ST LEONARD'S PLACE YORK YO31 7ET



For further info please ring 01904 551646
or email shaun.wilkinson@york.gov.uk