**MALAWI CYCLING CHALLENGE 2020**

**REGISTRATION FORM**

* **Name**\*

First   Last 

**Address**

Street AddressCityCounty / State / RegionZIP / Postal CodeCountry

* Email\*
* Phone\*



**Gender\***

* + Male
	+ Female
* Nationality\*



* Date of Birth\*



* Age on first day of event\*
* Passport Number\*
* Have you ever travelled to Malawi before?\*
	+ Yes
	+ No
* Please list your previous race / riding experience relevant to this event



* Other relevant Mountain Bike experience
* **Medical History**

Please indicate if you suffer from, or have ever suffered from, any of these medical conditions.

* Heart Trouble / Blood Pressure Problems
	+ Yes
	+ No
* Asthma / Bronchitis / Shortness of Breath
	+ Yes
	+ No

Diabetes

* + Yes
	+ No
* Epilepsy / Fainting Attacks / Seizures
	+ Yes
	+ No
* Migraine / Severe Head Injury
	+ Yes
	+ No
* Cancer
	+ Yes
	+ No
* Spine / Back problems
	+ Yes
	+ No
* Allergies
	+ Yes
	+ No
* Fractures / Dislocations / Tendon, Muscle, Ligament Damage
	+ Yes
	+ No
* Infectious Disease / Carrier for Infectious Disease
	+ Yes
	+ No
* Psychiatric / Mental Illness
	+ Yes
	+ No
* Have You Been Hospitalized in the Last 2 Years
	+ Yes
	+ No
* Altitude Sickness / A.M.S / Altitude Related Problems
	+ Yes
	+ No
* Other Physical Disabilities / Serious Illness
	+ Yes
	+ No
* Further Details

Please provide us with any details that may help us cater to the medical concerns mentioned above, or in addition.



* Specific Dietary Requirements

Vegetarian, vegan etc.



Signature:

Date: