



Innisfree Wheelers New Member Form

New Member Details

First Name: _____ Surname: _____

Mobile Phone number: _____ Email: _____

Emergency contact phone number & name: _____

New Member Biking Experience

Your Safety and Enjoyment are of the utmost importance to the Innisfree Wheelers. The questions below will help your cycling journey with us and ensure you are teamed up with the right group for you. Fill in blanks and circle appropriate answers.

What is the Make and Model of your current Bike? _____

What is your longest cycle in the last 2 months? _____ (km)

What was the average speed (if known)? _____ (km/hr.)

Do you use cleated cycle shoes? Yes No

Do you have long distance cycle clothing? Yes No

Have you cycled in a group before? Yes No

Did that group use Up and Over? Yes No N/A

Relevant age group (years): 20-30, 30-40, 40-50, 50-55, 55-60, 60-65, 65-70, 70-75. (Please circle)

Any relevant medical conditions you wish to declare?

If you have any medical conditions, please check with your GP that distance cycling is appropriate for you.

Please present this completed form to a Club Officer or Cycle Leader and we will get you started on the right track.

Signature: _____ Date: _____