

# Skydiving Registration Form



|                     |  |                   |  |                     |          |                                             |          |
|---------------------|--|-------------------|--|---------------------|----------|---------------------------------------------|----------|
| Full Name           |  |                   |  |                     |          |                                             |          |
| ADDRESS             |  |                   |  |                     |          | POSTCODE                                    |          |
|                     |  |                   |  |                     |          |                                             |          |
| EMAIL               |  |                   |  |                     |          |                                             |          |
| PHONE               |  |                   |  |                     |          |                                             |          |
| Date of Birth       |  |                   |  | Age on date of jump |          |                                             |          |
| Height              |  | Weight (max 16st) |  | Medical conditions  | Yes / No | Recent or recurring injury or on medication | Yes / No |
| Preferred jump date |  |                   |  | Alternative         |          |                                             |          |

## CHARITY SKYDIVING TERMS –

By taking part in a skydive in aid of **The Prince of Wales Hospice** you are bound by the following terms and agree:

1. To aim to meet the minimum fundraising target set by the charity, otherwise you will cover the remaining amount yourself and/or pull out of the event and refund all monies to the sponsors.
2. To make every effort to exceed the minimum target
3. To send on any additional funds raised directly to the charity within the timeframe agreed. Failure to do so is considered theft.
4. To make clear to sponsors if you are not paying for the skydive yourself and that the cost will be covered with their donations.
5. That your contact details will be passed on to the charity and the skydiving centre. They will not be passed on by us to any other third party for any reason.
6. Skydiving is an adventure sport and participation involves a risk of injury or death and you voluntarily accept all the risks inherent
7. That the organiser/ charities will not accept any liability or responsibility for you taking part in a skydive.

- ✓ **I have read and agree to the terms above.**
- ✓ **I am aware of the age, weight and medical restrictions for the skydive**

\_\_\_\_\_(print name).....Signed.....Date.....

### How to pay your deposit:

- Please post this completed form with a cheque for your deposit payable to **The Prince of Wales Hospice to Skydive, The Prince of Wales Hospice, Halfpenny Lane, Pontefract WF8 4BG**
- Please email this form to : [fundraising@pwh.org.uk](mailto:fundraising@pwh.org.uk) and call the team on **01977 781479** to pay over the phone

**CONTACT: Katie Moore on 01977 781479**

**Prince of Wales Hospice, Halfpenny Lane, Pontefract WF8 4BG**

If you need any information about the skydive itself or the age, weight and medical restrictions then you can contact Skydive Hibaldstow directly on telephone number 0113 250 5600 or email [info@skydiving.co.uk](mailto:info@skydiving.co.uk)

**Thank you for choosing to support  
The Prince of Wales Hospice**

