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**Leukaemia CARE** Skydiving Registration Form

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

**CHARITY SKYDIVING TERMS –**

By taking part in a skydive in aid of Leukamia CARE you are bound by the following terms and agree:

1. That if you intend to cover the cost of the skydive with sponsorship money you will 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. This is so that we may support you with your fundraising efforts and arrange to collect any additional sponsorship after the jump and so that Target Skysports may contact you regarding any queries about the details you have given. Your details 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 Leukaemia CARE 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 weight and medical restrictions for the skydive**

(print name) ……………………………………Signed………………………………………….Date……………………….

**Please post or scan & email this completed form**

**to** Skydive Hibaldstow Reservations Office, Woodleigh Hall Farm, Woodlands Drive, Rawdon Leeds. LS19 6JT (please note this is NOT where the skydives take place) **info@skydiving.co.uk**

**How to pay your deposit**

POST ~; please send a cheque for £75 payable to TARGET SKYSPORTS’ along with your registration form

PHONE – please call our Booking Office on 01132 505 600 and pay by debit card (or credit card with a 3% fee)

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) as they are in the best position to answer any questions.

**Leukamia CARE contact : Helen Whatmore**

Registered Address: One Birch Court, Blackpole East, Worcester. WR3 8SG

Email: helen.whatmore@leukaemiacare.org.uk

HomeFundraising Line: 0845 521 3456 / Office Number: 01905 755 977 / Fax Line: 01905 755 166

**Thank you for choosing to support Leukaemia CARE**