



ALPHA-1 FOUNDATION

Autumn Escape Bike Trek

Escape to the Cape

CYCLIST REGISTRATION FORM

OCTOBER 1, 2 & 3 2010

MINIMUM FUNDRAISING REQUIREMENTS FOR TREK 2010- \$500

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Company/School Name: _____

Phone (H): _____ (W): _____

Email: _____ Date of Birth: _____

Sex: M F T-shirt Size: S M L XL XXL Cycling Jersey Size: XS S M L XL XXL

How did you hear about the Trek: _____

Please select which Trek Option you would like to participate in (choose one): 3 day trek 2 day trek

I will form a team; send me a Team Captain Guidebook

I am on a team: _____ Team Captain: _____

Yes, I allow ALA to release my name and contact information to the rest of my team members.

I have participated in Autumn Escape Bike Trek: _____ years

Available Accommodations

All Male Cabin All Female Cabin

Co-Ed Cabin Family Cabin

Other (I will make my own arrangements for accommodations & transportation) * You must check in at camp each morning & afternoon *

Roommate Request: _____

(Must be a registered Trekker or Volunteer, will be applicable for both nights if possible.)

Available Transportation

I am a 3-day Trekker & will be taking the bus to my car in Plymouth.

I am a 2-day Trekker & will be taking the bus to my car in Sandwich.

I am a ___-day Trekker & will be making my own transportation plans for my return home.

Contact:

Susan Binnall
256 River Street
West Newton, MA 02465
sbinnall@comcast.net
617-916-9805

Note 1: If you wish to pay for your minimum pledge requirements to help support the team, you can mail your donation to Alpha-1 Foundation, 2937 SW 27 Avenue, Suite 302, Miami, FL 33133 OR go to <http://www.firstgiving.com/alpha-lescape10> click on Donate Now and securely pledge any amount.

Note 2: The Alpha-1 Foundation will write one (1) check to American Lung Association for our registration fees and the \$500.00 pledge

WAIVER FORM

I, the undersigned, agree as follows:

1. I understand fully that, as part of the Autumn Escape Bike Trek, an expedition will be undertaken, the nature and extent of which has been fully explained to me.
2. I acknowledge that the Trek will require strenuous physical activity and endurance.
3. I certify that, to the best of my knowledge, I have no physical condition which will be aggravated by the activity and endurance anticipated or which will impair my ability to participate in and withstand said activity and endurance.
4. I have neither suffered any illness, nor taken any prescription medication within the past thirty days, except as otherwise written on the Medical History form.
5. I understand there is NO SMOKING during the Bike Trek.
6. I agree to indemnify and hold free each of the American Lung Association of New England, all Autumn Escape Bike Trek sponsors, their agents and employees, individually and collectively, against any loss, cost, damage or expense of any kind arising out of or connected with participation in the Bike Trek.
7. I understand that I must conduct myself in a safe and responsible manner during the Bike Trek, for my personal safety as well as the safety of others. This includes, but is not limited to, obeying all traffic laws and observing common courtesy. I understand that I may be asked to leave the Trek entirely if my conduct is judged to be detrimental to the welfare of others.
8. I consent to use by the American Lung Association of New England or any one they authorize, for the purpose of publicity of themselves and their activities, of my likeness from participating in this event, without obligation or liability to me.

Signature of Participant: _____

Date: _____

MEDICAL HISTORY

(To be completed by applicant)

If you have had or are currently experiencing any of the following conditions, please circle the number and give details at the end of this section.

1. Any problems with hearing or vision - requiring hearing aids, glasses or contacts (hard or soft).
2. Dizzy spells, fainting, convulsions, persistent headaches.
3. Shortness of breath, or asthma on exertion.
4. Chest pains on exertion or deep breathing.
5. Palpitations of the heart, irregular heart beat, heart murmur, or poor circulation.
6. Jaundice or hepatitis.
7. Chronic pain in neck, back shoulders, arms or legs.
8. Reaction to extremes of temperature, frostbite, impaired circulation.
9. Hypoglycemia.
10. Episodes of depression, anxiety, hysteria, nervousness.
11. History of diabetes, thyroid trouble, bleeding problems.
12. Are you currently on an medications.
13. Allergies to food, drugs, or other.
14. What is your current level of physical activity?

If you circled any of the above items, please list details below according to number. Be specific (include dates, names of medications, history of condition, etc.) Use additional paper if necessary.

In Case of Emergency, Notify: _____ Relationship: _____

City: _____ State: _____ Zip: _____ Contact Phone (1): _____ (2): _____

Physician: _____ Physicians Phone: _____

MEDICAL INSURANCE COVERAGE - For insurance records, answers to the following questions are required in detail.

Do you have hospitalization and medical care insurance coverage? Yes No

If yes, please indicate name and address of insurance company issuing such policy:

Indicate policy or certificate number: _____ Name on policy: _____