

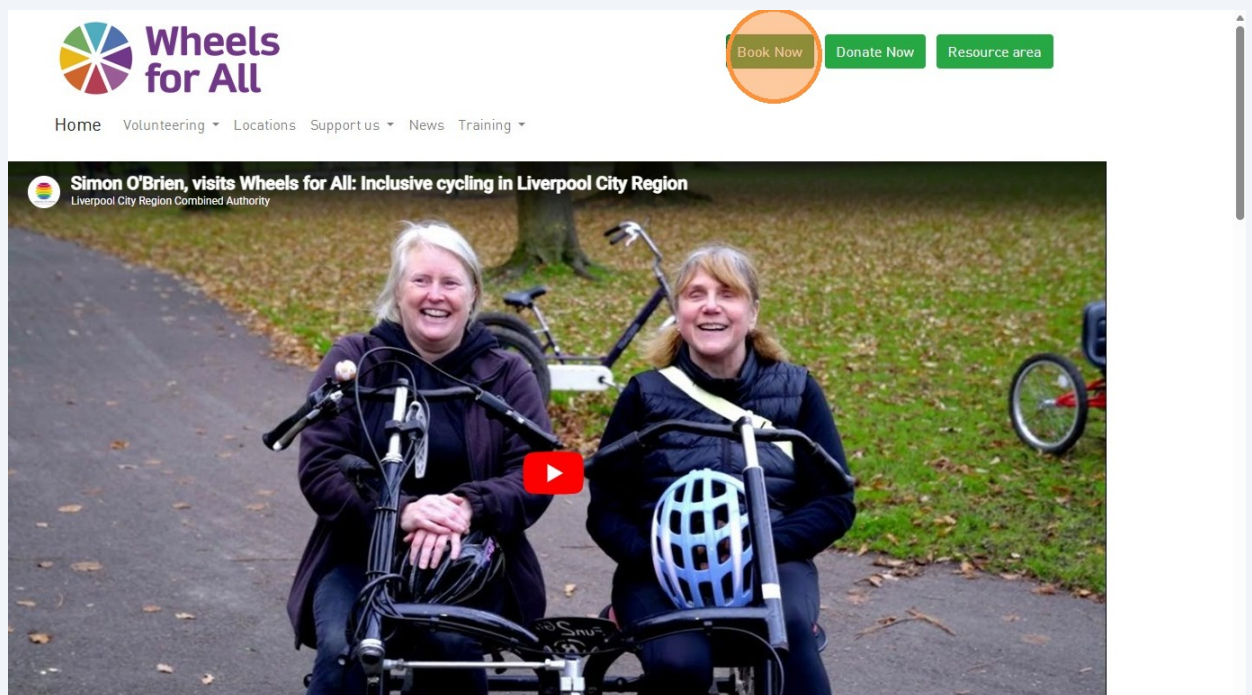
How to Register for a Wheels for All Account

Follow this comprehensive guide to successfully create an account on the Wheels for All online booking system. This walkthrough supports organisations, parents, families, and independent adults through each step, from initial navigation to final submission, ensuring all required personal and emergency details are entered accurately.

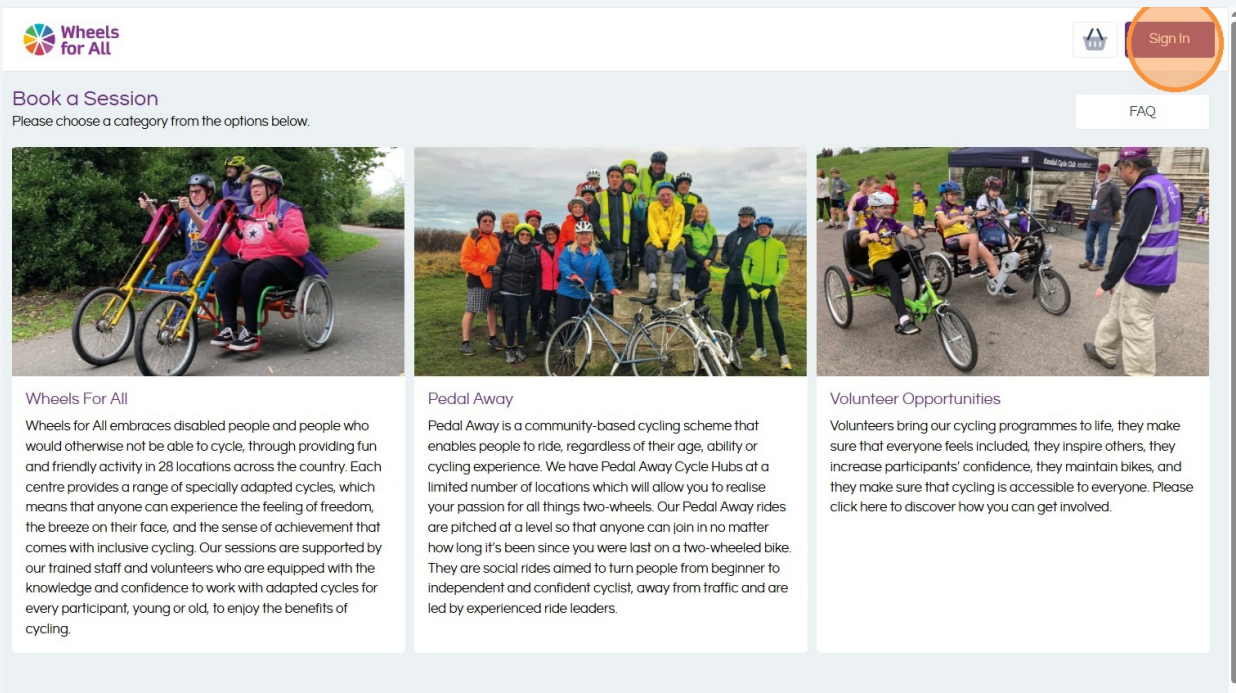
Account Setup

1 Navigate to <https://wheelsforall.org.uk/>

Click "Book Now"



2 Click "Sign In" to access the online booking platform



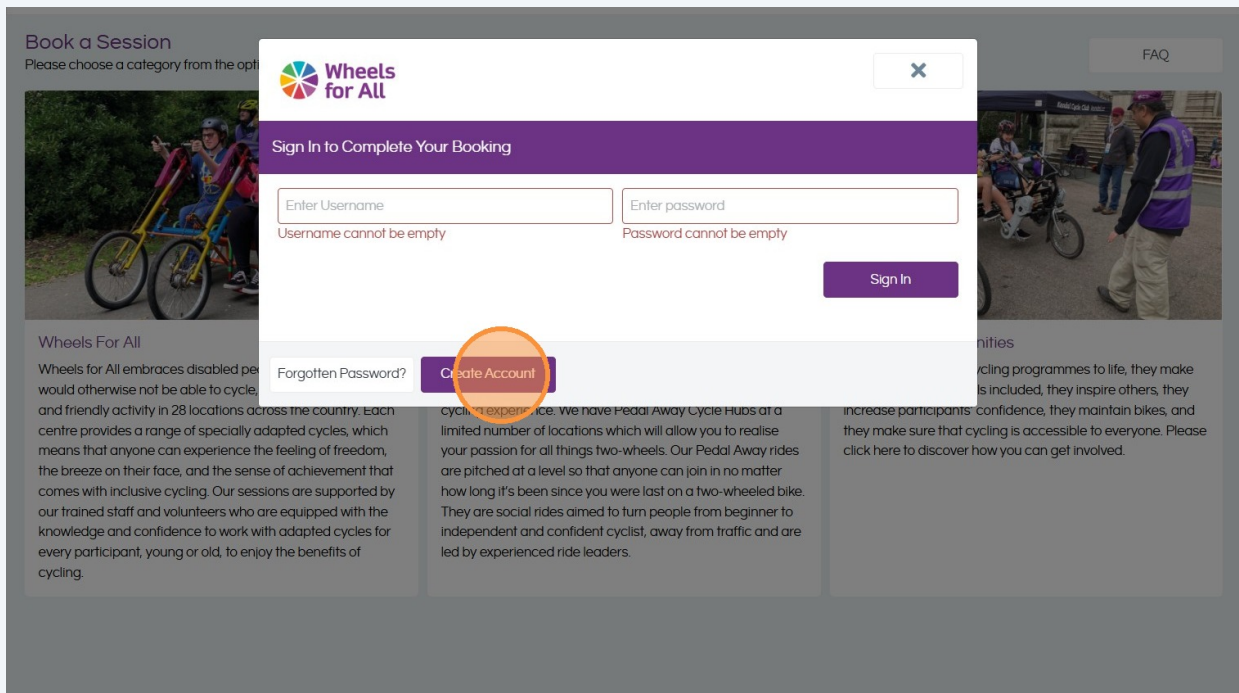
The screenshot shows the top navigation bar of the Wheels for All website. The 'Sign In' button is highlighted with an orange circle. Below the navigation bar, there is a 'Book a Session' section with a sub-header 'Please choose a category from the options below.' and three columns of content: 'Wheels For All', 'Pedal Away', and 'Volunteer Opportunities'. Each column has a corresponding image and a brief description.

Wheels For All
Wheels for All embraces disabled people and people who would otherwise not be able to cycle, through providing fun and friendly activity in 28 locations across the country. Each centre provides a range of specially adapted cycles, which means that anyone can experience the feeling of freedom, the breeze on their face, and the sense of achievement that comes with inclusive cycling. Our sessions are supported by our trained staff and volunteers who are equipped with the knowledge and confidence to work with adapted cycles for every participant, young or old, to enjoy the benefits of cycling.

Pedal Away
Pedal Away is a community-based cycling scheme that enables people to ride, regardless of their age, ability or cycling experience. We have Pedal Away Cycle Hubs at a limited number of locations which will allow you to realise your passion for all things two-wheels. Our Pedal Away rides are pitched at a level so that anyone can join in no matter how long it's been since you were last on a two-wheeled bike. They are social rides aimed to turn people from beginner to independent and confident cyclist, away from traffic and are led by experienced ride leaders.

Volunteer Opportunities
Volunteers bring our cycling programmes to life, they make sure that everyone feels included, they inspire others, they increase participants' confidence, they maintain bikes, and they make sure that cycling is accessible to everyone. Please click here to discover how you can get involved.

3 Click "Create Account" to start the registration process.



The screenshot shows the 'Sign In to Complete Your Booking' modal form. The 'Create Account' button is highlighted with an orange circle. The form includes fields for 'Enter Username' and 'Enter password', both with error messages 'Username cannot be empty' and 'Password cannot be empty'. There are also links for 'Forgotten Password?' and 'Sign In'.

Sign In to Complete Your Booking

Enter Username
Username cannot be empty

Enter password
Password cannot be empty

Sign In

Forgotten Password? **Create Account**

Personal Information

4

Select the number of adults to register.

For simplicity during account creation, begin by registering one adult. Additional users or participants can then be added later via the profile section.



Wheels for All Registration Form

Please complete the fields below to create an account and book a session

How many adults and children would you like to register?

Number of adults 1	Number of children 0
-----------------------	-------------------------

About you

Profile Type* Adult Participant		Date of birth*			
Email address* Email address	First name* First Name	Surname* Last Name	Day	Mo... Month	Year
Known by Name Known by Name	Select gender* Select	I would describe my ethnic origin as* Select	+ 44	Mobile number* Mobile Number	
How did you hear about us?*Select	Emergency contact name* Emergency Contact Name	+ 44	Emergency contact number* Emergency Contact Numb	+ 44	Land Line number Landline Number
Photo consent* Select					
Do you consider yourself to have a disability?*Select					

5 Select "Parent / Carer" from the Profile Type dropdown.

For organisations, it is recommended to select **"Parent / Carer"**. Independent adult participants should select **"Adult Participant."**

for All

How many adults and children would you like to register?

Number of adults: 1 | Number of children: 0

About you

Profile Type*
Parent / Carer

Date of birth*

Email address*
Email address

First name*
First Name

Surname*
Last Name

Day | Mo... | Year

Known by Name*
Known by Name

Select gender*
Select

I would describe my ethnic origin as *
Select

+44 | Mobile number *
Mobile Number

How did you hear about us?*
Select

Emergency contact name *
Emergency Contact Name

+44 | Emergency contact number *
Emergency Contact Numb

+44 | Land Line number
Landline Number

Photo consent *
Select

Do you consider yourself to have a disability? *
Select

Are you an existing participant? *
Select

Preferred cycle to ride (subject to avail...
Select

Individual or Organisation? *
Select

Organisation Name
Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response *
Select

6 Type your email address into the designated field.

wheels for All

How many adults and children would you like to register?

Number of adults: 1 | Number of children: 0

About you

Profile Type*
Parent / Carer

Date of birth*

Email address*
Email address

First name*
First Name

Surname*
Last Name

Day | Mo... | Year

Known by Name*
Known by Name

Select gender*
Select

I would describe my ethnic origin as *
Select

+44 | Mobile number *
Mobile Number

How did you hear about us?*
Select

Emergency contact name *
Emergency Contact Name

+44 | Emergency contact number *
Emergency Contact Numb

+44 | Land Line number
Landline Number

Photo consent *
Select

Do you consider yourself to have a disability? *
Select

Are you an existing participant? *
Select

Preferred cycle to ride (subject to avail...
Select

Individual or Organisation? *
Select

Organisation Name
Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response *
Select

7 Type your first and last names into the appropriate fields.



How many adults and children would you like to register?

Number of adults Number of children

About you

Profile Type*

Email address* First name* Surname* Date of birth*

Known by Name Select gender* I would describe my ethnic origin as * +44

How did you hear about us?* Emergency contact name * +44 +44

Photo consent *

Do you consider yourself to have a disability? *

Are you an existing participant?* Preferred cycle to ride (subject to avail... Individual or Organisation?* Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not

Select response *

8 Add the Date of Birth



How many adults and children would you like to register?

Number of adults Number of children

About you

Profile Type*

Email address* First name* Surname* Date of birth*

Known by Name Select gender* I would describe my ethnic origin as * +44

How did you hear about us?* Emergency contact name * +44 +44

Photo consent *

Do you consider yourself to have a disability? *

Are you an existing participant?* Preferred cycle to ride (subject to avail... Individual or Organisation?* Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not

Select response *

How many adults and children would you like to register?

Number of adults 1 Number of children 0

About you

Profile Type* Parent / Carer

Email address* test1@gmail.com

Known by Name Known by Name

How did you hear about us?* Select

Photo consent * Select

Do you consider yourself to have a disability? * Select

Are you an existing participant? * Select

First name* Test

Surname* Test2

I would describe my ethnic origin as * Select

Emergency contact name * Emergency Contact Name

Emergency contact number * +44

Emergency Contact Numb

Preferred cycle to ride (subject to avail... Select

Individual or Organisation?* Select

Date of birth* Day Mo... Year

Mobile number * Mobile Number

Land Line number Landline Number

Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response * Select

9 Select your gender from the dropdown menu.

How many adults and children would you like to register?

Number of adults 1 Number of children 0

About you

Profile Type* Parent / Carer

Email address* test1@gmail.com

Known by Name Known by Name

How did you hear about us?* Select

Photo consent * Select

Do you consider yourself to have a disability? * Select

Are you an existing participant? * Select

First name* Test

Surname* Test2

I would describe my ethnic origin as * Select

Emergency contact name * Emergency Contact Name

Emergency contact number * +44

Emergency Contact Numb

Preferred cycle to ride (subject to avail... Select

Individual or Organisation?* Select

Date of birth* 4 Jan 1987

Mobile number * Mobile Number

Land Line number Landline Number

Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response * Select

How many adults and children would you like to register?

Number of adults 1 Number of children 0

About you

Profile Type* Parent / Carer

Date of birth* 4 Jan 1987

Email address* test1@gmail.com First name* Test Surname* Test2

Known by Name Known by Name Select gender* Select I would describe my ethnic origin as* Select +44 Mobile number* Mobile Number

How did you hear about us?* Select +44 Emergency contact number* +44 Land Line number Landline Number

Photo consent* Select

Do you consider yourself to have a disability?* Select

Are you an existing participant?* Select

Individual or Organisation?* Select Organisation Name Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response* Select

10 Select your ethnic origin from the list provided.

How many adults and children would you like to register?

Number of adults 1 Number of children 0

About you

Profile Type* Parent / Carer

Date of birth* 4 Jan 1987

Email address* test1@gmail.com First name* Test Surname* Test2

Known by Name Known by Name Select gender* Male I would describe my ethnic origin as* Select +44 Mobile number* Mobile Number

How did you hear about us?* Select Emergency contact name* Emergency Contact Name Select +44 Land Line number Landline Number

Photo consent* Select

Do you consider yourself to have a disability?* Select

Are you an existing participant?* Select Preferred cycle to ride (subject to avail... Select

White Organisation Name Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response* Select

How many adults and children would you like to register?

Number of adults 1	Number of children 0
-----------------------	-------------------------

About you

Profile Type* Parent / Carer	First name* Test		Surname* Test2		Date of birth* 4 Jan 1987	
Email address* test1@gmail.com	Select gender* Male	I would describe my ethnic origin as* Select		+ 44	Mobile number* Mobile Number	
Known by Name Known by Name	Emergency contact name* Emergency Contact Name		Black or Black British	+ 44	Land Line number Landline Number	
How did you hear about us?* Select	Emergency contact number* Emergency Contact Numb		Mixed or multiple ethnic groups			
Photo consent* Select			White			
Do you consider yourself to have a disability? * Select			Other ethnic group (Any other ethnic group)			
Are you an existing participant? * Select	Preferred cycle to ride (subject to avail... Select	Prefer not to say		Organisation Name Organisation Name		

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response*
Select

11 Type your mobile number into the contact field.

How many adults and children would you like to register?

Number of adults 1	Number of children 0
-----------------------	-------------------------

About you

Profile Type* Parent / Carer	First name* Test		Surname* Test2		Date of birth* 4 Jan 1987	
Email address* test1@gmail.com	Select gender* Male	I would describe my ethnic origin as* Other ethnic group (Any other e...		+ 44	Mobile number* Mobile Number	
Known by Name Known by Name	Emergency contact name* Emergency Contact Name		+ 44	Emergency contact number* Emergency Contact Numb	+ 44	Land Line number Landline Number
How did you hear about us?* Select	Emergency contact number* Emergency Contact Numb					
Photo consent* Select						
Do you consider yourself to have a disability? * Select						
Are you an existing participant? * Select	Preferred cycle to ride (subject to avail... Select	Individual or Organisation? * Select	Organisation Name Organisation Name			

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.


Select response*
Select

12 Select how you heard about Wheels for All.

How many adults and children would you like to register?

Number of adults Number of children

About you

Profile Type* 

Date of birth*

Email address* First name* Surname*

Known by Name Select gender* I would describe my ethnic origin as* +44

How did you hear about us?* Emergency contact name* +44 Emergency contact number* Land Line number

Photo consent*

Do you consider yourself to have a disability?*

Are you an existing participant?* Preferred cycle to ride (subject to avail... Individual or Organisation?* Organisation Name


You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response*



How many adults and children would you like to register?

-
-
-
-
-
-



Date of birth*

First name* Surname*

Select gender* I would describe my ethnic origin as* +44

How did you hear about us?* Emergency contact name* +44 Emergency contact number* Land Line number

Photo consent*

Do you consider yourself to have a disability?*

Are you an existing participant?* Preferred cycle to ride (subject to avail... Individual or Organisation?* Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek

Select response*

Consent and Accessibility

13 Select "Yes/ No" for photo consent.

Form titled "About you" with various input fields and a "Next" button.

About you

Profile Type*
Parent / Carer

Date of birth*
4 Jan 1987

Email address*
test1@gmail.com

First name*
Test

Surname*
Test2

Known by Name
Known by Name

Select gender*
Male

I would describe my ethnic origin as *
Other ethnic group (Any other e...)

+44 Mobile number *
777777777

How did you hear about us?*
Word of Mouth

Emergency contact name *
Test Contact

+44 Emergency contact number *
0777777777

+44 Land Line number
Landline Number

Photo consent*
Yes

Do you consider yourself to have a disability? *
Select

Are you an existing participant? *
Select

Preferred cycle to ride (subject to avail... *
Select

Individual or Organisation? *
Select

Organisation Name
Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response *
Select

Next

14

Select "Yes" or "No" in response to the disability question. Please note that this is a mandatory field, and there is no option to opt out.

If "Yes" is selected, choose the relevant disability category from the list provided.

For further information and a detailed explanation of each category, refer to the FAQ page titled "Understanding Disabilities: Your Questions Answered" on the [Kinetic platform](#).

The screenshot shows a web form titled "About you" with the following fields and values:

- Profile Type*: Parent / Carer
- Date of birth*: 4 Jan 1987
- Email address*: fest1@gmail.com
- First name*: Test
- Surname*: Test2
- Known by Name: Known by Name
- Select gender*: Male
- I would describe my ethnic origin as*: Other ethnic group (Any other e...)
- Mobile number*: +44 777777777
- How did you hear about us?: Word of Mouth
- Emergency contact name*: Test Contact
- Emergency contact number*: +44 0777777777
- Land Line number: Landline Number
- Photo consent*: Yes
- Do you consider yourself to have a disability?: Yes

The "Do you consider yourself to have a disability?" section is expanded, showing a grid of categories with checkboxes:

<input checked="" type="checkbox"/> Behavioural	<input checked="" type="checkbox"/> Breathing or respiratory condition
<input checked="" type="checkbox"/> Dexterity	<input checked="" type="checkbox"/> Fatigue or energy-limiting condition
<input checked="" type="checkbox"/> Hearing	<input checked="" type="checkbox"/> Learning difficulty
<input checked="" type="checkbox"/> Learning disability	<input checked="" type="checkbox"/> Long-term pain
<input checked="" type="checkbox"/> Mental health condition	<input checked="" type="checkbox"/> Mobility

An orange circle highlights the "Dexterity" checkbox.

15 Select "No/ Yes" for existing participant.

The screenshot shows a registration form with several sections. At the top, there are two columns of checkboxes for conditions: 'Mental health condition', 'Cognitive/Neurodivergent conditions', 'Other disability or long-term condition', 'Speech, language or communication needs', and 'None of these' in the first column; and 'Mobility', 'Neurological condition', 'Progressive or fluctuating condition', 'Visual', and 'Prefer not to say' in the second column. Below these is a text area for additional details. The bottom section contains four dropdown menus: 'Are you an existing participant?' (with a dropdown menu open showing 'Select', 'Yes', and 'No'), 'Preferred cycle to ride (subject to availability)', 'Individual or Organisation?' (with 'Select' selected), and 'Organisation Name' (with 'Organisation Name' selected). A 'Next' button is at the bottom right. A disclaimer is partially visible: 'participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.'

16 Select your preferred cycle from the list, for example "Two-wheeled Bike."

If this is your first time attending the sessions, please select "Don't know."

This screenshot shows the same registration form as above, but with 'No' selected for 'Are you an existing participant?' and 'Two-wheeled Bike' selected for 'Preferred cycle to ride'. The 'Individual or Organisation?' dropdown is still set to 'Select'. The 'Organisation Name' dropdown is set to 'Organisation Name'. The 'Next' button is still present. The disclaimer is fully visible: 'You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.'

17 Select the appropriate option for Individual or Organisation.

- If you are registering as an individual, select “Individual.”
- If you are registering on behalf of an organisation, select your organisation from the list.
- If your organisation is not listed, select “Other.”

The screenshot shows a registration form with several sections. On the left, there are two columns of checkboxes for selecting conditions: 'Mental health condition', 'Cognitive/Neurodivergent conditions', 'Other disability or long-term condition', 'Speech, language or communication needs', and 'None of these' in the first column; and 'Mobility', 'Neurological condition', 'Progressive or fluctuating condition', 'Visual', and 'Prefer not to say' in the second column. Below these is a text area for additional details. At the bottom, there are three dropdown menus: 'Are you an existing participant?' (set to 'No'), 'Preferred cycle to ride (subject to availability)' (set to 'Two-wheeled Bike'), and 'Individual or Organisation?' (set to 'Select'). To the right of the third dropdown is a text input field for 'Organisation Name'. A disclaimer text is present below the dropdowns, and a 'Next' button is at the bottom right. An orange circle highlights the 'Select' option in the 'Individual or Organisation?' dropdown menu.

This screenshot is identical to the one above, but the 'Individual or Organisation?' dropdown menu is open, showing a list of options: 'Dementia', 'SEND School', 'Special Needs Clubs', 'Childrens' Trust', 'Childs Respite Centre', 'Outreach Event', 'WFA Festival', and 'Other'. The 'Other' option is highlighted in purple, indicating it has been selected. An orange circle highlights the 'Other' option in the dropdown menu.

18 Enter the name of your organisation in the field provided.

Mental health condition Mobility
 Cognitive/Neurodivergent conditions Neurological condition
 Other disability or long-term condition Progressive or fluctuating condition
 Speech, language or communication needs Visual
 None of these Prefer not to say

Please provide additional details here if required:

Are you an existing participant? **No** Preferred cycle to ride (subject to availability) **Two-wheeled Bike** Individual or Organisation? **Other** Organisation Name **Organisation Name**

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Helmets will be provided onsite for our cycling activities.

Select response * **Select**

Next

Declarations and Submission

19 Agree to the medical fitness and risk declaration.

Mental health condition Mobility
 Cognitive/Neurodivergent conditions Neurological condition
 Other disability or long-term condition Progressive or fluctuating condition
 Speech, language or communication needs Visual
 None of these Prefer not to say

Please provide additional details here if required:

Are you an existing participant? **No** Preferred cycle to ride (subject to availability) **Two-wheeled Bike** Individual or Organisation? **Other** Organisation Name **test Organisation name**

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Helmets will be provided onsite for our cycling activities.

Select response * **Select**

Select

I agree

Next

<input checked="" type="checkbox"/> Mental health condition	<input checked="" type="checkbox"/> Mobility
<input checked="" type="checkbox"/> Cognitive/Neurodivergent conditions	<input checked="" type="checkbox"/> Neurological condition
<input checked="" type="checkbox"/> Other disability or long-term condition	<input checked="" type="checkbox"/> Progressive or fluctuating condition
<input checked="" type="checkbox"/> Speech, language or communication needs	<input checked="" type="checkbox"/> Visual
<input checked="" type="checkbox"/> None of these	<input checked="" type="checkbox"/> Prefer not to say

Please provide additional details here if required:

Are you an existing participant? **No**

Preferred cycle to ride (subject to availability): **Two-wheeled Bike**

Individual or Organisation?: **Other**

Organisation Name: **test Organisation name**

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response *
Select

I agree

Next

20 Click "Select"

Are you an existing participant? No	Preferred cycle to ride (subject to availability): Two-wheeled Bike	Individual or Organisation?: Other	Organisation Name: test Organisation name
---	---	--	---

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Select response *
I agree

Next

Marketing preferences

<input checked="" type="checkbox"/> Email	<input checked="" type="checkbox"/> SMS	<input checked="" type="checkbox"/> Post	<input checked="" type="checkbox"/> Telephone
---	---	--	---

Declaration

By registering and booking onto our activities you agree to our booking terms and conditions. For more information please go to the Profile and Preferences section in your online account.

Select response *
Select

By adding your personal information, you agree for the charity to hold personal data for all members and participants who attend a Wheels for All session.

Select response *
Select

21 Click "I agree"

Are you an existing participant? No Preferred cycle to ride (subject to avail... Two-wheeled Bike Individual or Organisation?* Other Organisation Name test Organisation name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities. Select response * I agree

Next

Marketing preferences

Email SMS Post Telephone

Declaration

By registering and booking onto our activities you agree to our booking terms and conditions. For more information please go to the Profile and Preferences section in your online account. Select response * I agree

By adding your personal information, you agree for the charity to hold personal data for all members and participants who attend a Wheels for All session. Select response * Select

22 Click "Select"

Are you an existing participant? No Preferred cycle to ride (subject to avail... Two-wheeled Bike Individual or Organisation?* Other Organisation Name test Organisation name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities. Select response * I agree

Next

Marketing preferences

Email SMS Post Telephone

Declaration

By registering and booking onto our activities you agree to our booking terms and conditions. For more information please go to the Profile and Preferences section in your online account. Select I agree

By adding your personal information, you agree for the charity to hold personal data for all members and participants who attend a Wheels for All session. Select response * Select

23 Click "I agree"

Are you an existing participant? Preferred cycle to ride (subject to avail... Individual or Organisation?* Organisation Name

You understand that all adult and child participants who join an activity are medically fit, are doing so at their own risk and should seek guidance from a GP if required. Wheels for All recommends that all participants wear a helmet whilst cycling. If a participant chooses not to wear a helmet, they do so at their own risk. Helmets will be provided onsite for our cycling activities.

Marketing preferences

Email SMS Post Telephone

Declaration

By registering and booking onto our activities you agree to our booking terms and conditions. For more information please go to the Profile and Preferences section in your online account.

By adding your personal information, you agree for the charity to hold personal data for all members and participants who attend a Wheels for All session.

24 Choose the marketing preferences

Marketing preferences

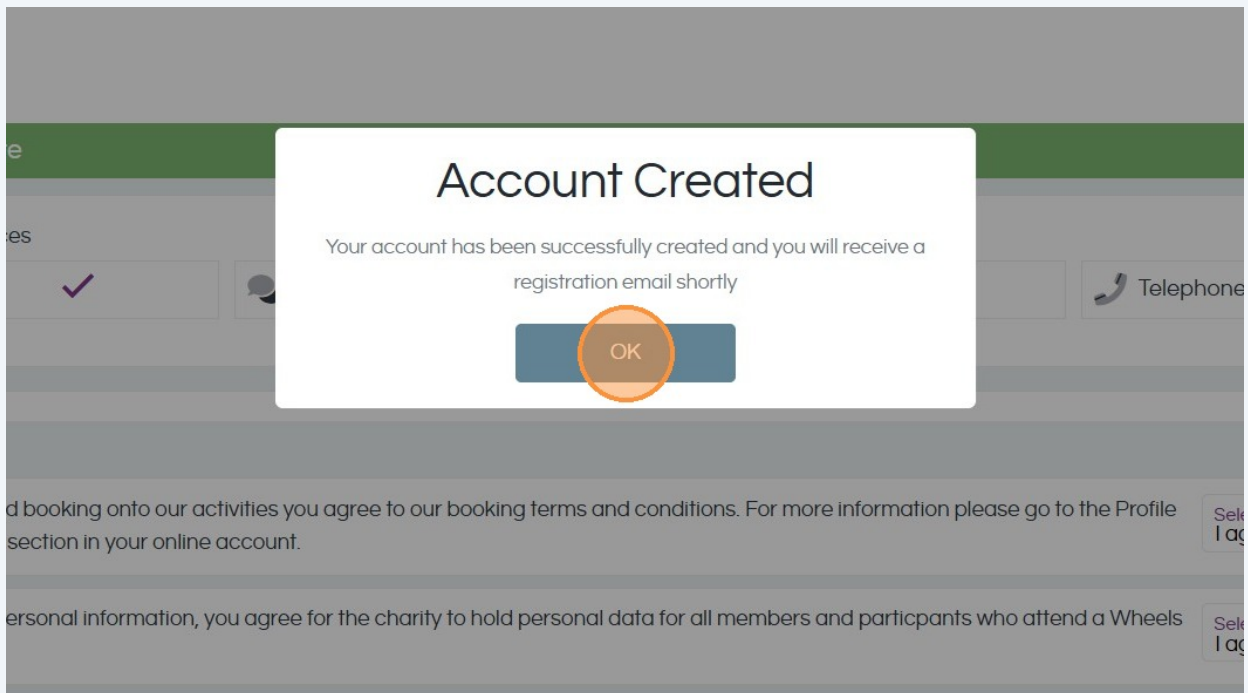
Email SMS Post Telephone

25 Click "Submit" to finalise your account registration.

By registering and booking onto our activities you agree to our booking terms and conditions. For more information please go to the Profile and Preferences section in your online account.

By adding your personal information, you agree for the charity to hold personal data for all members and participants who attend a Wheels for All session.

26 Click "OK" to close the confirmation popup.



27 Check your email to complete the registration and activate your profile.

Then click "Complete Registration."

