

## Have your say on pump track at Carter's Park, Holbeach

We're exploring the possibility of building permanent pump track at Carter's Park, Holbeach would love your input!

Your feedback will help us design a facility that caters to riders of all ages and skill levels, with the right features, layout, and amenities.

To help us choose the best location and understand what makes a great pump track, we're running a pump track survey event this month:

Carter's Park, Holbeach – Sunday 31<sup>st</sup> August from 11am to 3pm during the Give It A Go event held by South Holland District

Even if you're not able to join us at the survey event, you can still have your say by completing this short survey and returning by email to <a href="mailto:deputyclerk@holbeachpc.com">deputyclerk@holbeachpc.com</a> or by post to Holbeach Parish Council, Coubro Chambers, II West End, Holbeach, PE12 7LW.

The survey only takes a few minutes, and your input will be invaluable in creating great community spaces.

## What is a pump track?

A pump track is a small, looping track designed for bicycles, skateboards, scooters, and even rollerblades, featuring a series of rollers, berms (banked turns), and jumps.

The key idea is that riders can maintain speed without pedaling by using a pumping motion shifting their body weight up and down to generate momentum.

They provide a fun and skill-building experience for all ages and skill levels.

The image below shows an example of a pump track.



## \*Privacy Statement

In submitting this form, you agree to your comments being used for the purposes of informing the future of pump track at Carter's Park, Holbeach.

The information will only be accessed by necessary staff at Holbeach Parish Council and support for any funding applications.

Your data will be held securely. You have a right to change or access the information collected in this survey.

| When this information dispose of your data.  | is no long   | er required for th  | is purpose, Ho | olbeach Parish Council will  |  |
|--|--------------|---------------------|----------------|------------------------------|--|
| * I. Are you happy to pro  | oceed with   | this survey?        |                |                              |  |
| Yes, I'd like to proceed.  |              |                     |                |                              |  |
| 2. Have you ever used  | l a pump ti  | rack?               |                |                              |  |
| Yes No   |              |                     |                |                              |  |
| 3. If yes, how often do  | you use a    | pump track?         |                |                              |  |
| Daily  | Weekly       | Month               | ly             | Rarely                       |  |
| 4. Where do you usua   | lly ride? Pl | ease give a locatio | n and any det  | ails you'd like to share.    |  |
|  |              |                     |                |                              |  |
| 5. How would you des   | scribe your  | riding experience   | 2?             |                              |  |
| Beginner   |              | Intermediate        |                | Advanced                     |  |
| 6. What type of equipment would you use on the pump track? Please tick all those that apply. |              |                     |                |                              |  |
| Mountain bike  |              | Scooter             |                | Skateboard                   |  |
| Skates   |              | Balance bikes       |                | Other (please specify below) |  |
|  |              |                     |                |                              |  |

| Ī | <b>Frack</b> | d | esign | and | features |
|---|--------------|---|-------|-----|----------|
|   |              | _ | 8     |     |          |

| 7. What type of surfac   | e material   | would you prefe    | er for a pump ti | rack?                     |         |  |  |
|--|--------------|--------------------|------------------|---------------------------|---------|--|--|
| Asphalt  |              | Dirt               |                  | Mixed                     |         |  |  |
| 8. What features would you like a pump track to have? Pick tick all those that apply.                          |              |                    |                  |                           |         |  |  |
| Berms  |              | Rollers            |                  | Jumps                     |         |  |  |
| Technical sections   |              | Not sure           |                  | Other (please specif      | fy)     |  |  |
|  |              |                    |                  |                           |         |  |  |
| 9. What would be you   | r main mo    | ode of transport 1 | to a pump track  | ?                         |         |  |  |
| Car/van  |              | Bicycle            |                  | Walk                      |         |  |  |
| Public transport   |              | Other (please sp   | pecify)          |                           |         |  |  |
| 10. How far would you  | ı be willinş | to travel to visi  | t a pump track?  |                           |         |  |  |
| Less than 10 minutes   |              | 10-20 minutes      | 20-30 m          | ninutes 30+               | minutes |  |  |
| 11.How important is p  | oarking wh   | nen visiting a pun | np track?        |                           |         |  |  |
| Very important Somewhat important Not at all important   |              |                    |                  |                           |         |  |  |
| 12. Which factors would be most important to you when visiting a pump track? Please tick all those that apply. |              |                    |                  |                           |         |  |  |
| Health and wellbeing   |              |                    | Track specificat | tions                     |         |  |  |
| Meeting new people/  | friends      |                    | Appeals to diff  | erent age groups          |         |  |  |
| Good location  |              |                    |                  | ities e.g toilets, seatir |         |  |  |
| Safe place to visit  |              |                    | water fountain,  | , bike repair station e   | etc     |  |  |
| Other (please specify)   |              |                    |                  |                           |         |  |  |
|  |              |                    |                  |                           |         |  |  |

| 13. Would you travel outside your local area to visit pump tracks? |
|--|
| Yes No   |
| 14. If yes, where would you travel to ride on a pump track?        |
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| 15. Any other comments or suggestions you would like to share?     |
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## Tell us about you

Thank you for taking the time to provide your feedback. The following questions are optional.

By Alling them out you are helping us better understand the opinions of different people. We are required to act in line with the Equality Act 2010. By asking these questions we can make sure our work reflects the diverse communities we serve. All information will be handled and dealt with in line with the Data Protection Act (2018) and the General Data Protection Regulations (GDPR), as detailed in our privacy notice.

| 16. What is your age?   |             |  |  |  |  |  |  |  |
|---|-------------|--|--|--|--|--|--|--|
| Under 10 10-17  |             | 18-30  |  |  |  |  |  |  |
| 31-50 51+   |             | Prefer not to say  |  |  |  |  |  |  |
| 17. Which of the following best descri                                  | ibes your g | gender?  |  |  |  |  |  |  |
| Male Femal  | е           | Non-binary Prefer not to say                               |  |  |  |  |  |  |
| 18. Do you consider yourself to have a disability?                      |             |  |  |  |  |  |  |  |
| Yes No  |             | Prefer not to say  |  |  |  |  |  |  |
| 19. How would you describe your disability/ long-term health condition? |             |  |  |  |  |  |  |  |
| No disability   |             | Perception of Physical Danger                              |  |  |  |  |  |  |
| ADHD  |             | Personal, Self Care and Continence                         |  |  |  |  |  |  |
| Autism  |             | Progressive Conditions and Physical                        |  |  |  |  |  |  |
| Behavioral and Emotional  |             | Health (such as HIV, cancer, multiple sclerosis, fits etc) |  |  |  |  |  |  |
| Hearing   |             | Sight  |  |  |  |  |  |  |
| Learn or understand (Learning Disability)                               | )           | Speech   |  |  |  |  |  |  |
| Manual Dexterity  |             | Other  |  |  |  |  |  |  |
| Memory or ability to concentrate  |             | Prefer not to say  |  |  |  |  |  |  |
| Mobility and Gross Motor  |             |  |  |  |  |  |  |  |
| 20. What are you completing this surv                                   | vey as?     |  |  |  |  |  |  |  |
| Local resident  | Visitor     |  |  |  |  |  |  |  |
| 21. What is your postcode?  |             |  |  |  |  |  |  |  |

Thank you for taking the time to complete this survey.