



PARENTAL CONSENT FORM

I, being the parent/carer of the following child / children

Name & BC Number Age DOB Medical conditions / Disabilities

Having read the information contained on this form and I hereby consent to the above named child / children taking part in the cycling activity sessions and understand and agree that he/she/they participates in cycling activities under the instruction of British Cycling qualified coaches entirely at his/her/their own risk. I have considered the nature of such activities /sessions and have discussed them with him/her/them. I am satisfied that he/she/ they is/are sufficiently responsible and competent to assume full and entire responsibility for his/her/their own safety under the supervision of a British Cycling Coach.

I confirm that he/she/they does/do not have any disability or medical condition (not disclosed in this form) that could affect his/her/their ability to participate safely in cycling activity sessions. And By returning this completed form, I agree to the child / children named above taking part in the activities of the club; I understand that:

I will be kept informed of these activities – for example timing and transport details; and,

in the event of any injury or illness reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.

Signed by Parent or Guardian.....Dated.....

Please Print Your Name in Full.....Emergency Contact Details.....

(For official use only Date Received ...../...../..... Processed by.....Date.....