



Parental Consent- Public Cycling Registration Form 8-17 Years



**FORGE
VALLEY**

I being the parent/guardian of, _____ have read the information contained in this notice along with the general information and safety rules leaflets provided by the school and hereby consent to my child taking part in casual and non-supervised cycling entirely at his/her own risk. I have considered the nature of such activity and I have discussed these with them. I am satisfied that my son/daughter are sufficiently responsible and competent to assume full and entire responsibility for their own safety and to use the facilities in a safe and responsible manner, following any instructions and guidance provided.

Signed:

Date:

Participant Details

Name:

Male/Female (delete as appropriate)

Date of Birth

Address:

British Cycling Member: Y/ N
If so membership number:

Email Address:

Emergency Contact Details

Name:

Relationship to Participant:

Contact telephone number

Medical Information

Please make a note below of any medical conditions you feel we need to know about. If you have any concerns about participating in any form of physical activity then please consult your GP before participating on the cycle circuit.

The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment which has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities".

Do you consider your child to have a disability? Yes () No () Prefer not to say ()

