

Child / Young Person Consent and Booking Form

This is an agreement between Cycling4U Cycle Training and the undersigned. It relates to Bikeability training run by Cycling4U Cycle Training from the date shown below.

I give consent for my child, or children, for whom I take full responsibility, to take lessons in safe, effective, on road cycling.

I understand that the instructors may refuse to train my child if the cycle to be used is deemed to be un-roadworthy. It remains my responsibility not to allow the child to ride an un-roadworthy cycle and if in doubt I should seek the advice of a professional mechanic.

I accept that the instructors may refuse to train my child at any time if their behaviour or ability level is deemed to be unsuitable.

I accept that Cycling4U Cycle Training or any of its agents are not responsible for loss or damage to any property, or for any injury which is not caused by an instructor's negligence. I understand that having taken training, it does not necessarily follow that it is safe for the child(ren) to ride a bicycle. Becoming a proficient cyclist takes more practise than lessons of this kind can provide. In the event of accidents, cycle helmets can reduce injury. School policy requires the wearing of helmets for these training sessions. Please ensure your child has a cycle helmet marked to European CE EN1078/1080 or equivalent international standard. Your child will not take part without one.

I undertake to make instructors **aware of any medical condition** of the child that may affect the outcomes of training or their safety during training. Asthma inhalers should be carried as the training will be away from the school/centre. Training will normally continue in poor weather. Please ensure your child has a waterproof top and suitable clothing/shoes. Trousers are preferable to skirts and should have narrow bottoms. If the weather is very cold, gloves are advisable. Please ensure your child has eaten properly before their session is due.

I understand that minimal personal details held by Cycling4U Cycle Training may be passed on to the organisation paying for their training for their records only, together with details of the lesson outcomes.

Name of child	Age	Any medical condition or special need	Medication needing to remain with your child

Emergency Contact Details

Name:

Address: Post Code:

Telephone Number(s):

Cycling4U Cycle Training or the school may wish to take photographs during training to record or promote the activities. Please tick the box if you wish your child to be excluded from these pictures. []

Cycling4U Cycle Training *very occasionally* contact our previous customers with details of other cycling events, maintenance courses and country rides etc. Tick here [] if you do not wish to be contacted.

Signed (Parent/Guardian): Date:

Parent / Guardian (block capitals):

Address:

.....

Post Code:

Tel: Mobile: Email: