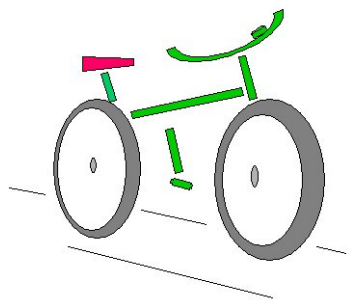


CYCLERITE



Tel: 01234 838548
Mobile: 07880 674403
info@cyclerite.co.uk
www.cyclerite.co.uk

CONSENT FORM FOR PARENT/GUARDIAN FOR CYCLE TRAINING

PARENT / GUARDIAN / CARERS NAME:

.....

ADDRESS:

.....

TELEPHONE NO'S:/.....

EMAIL ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY PHONE NO'S:/.....

CHILD'S NAME :AGE:

CHILD'S NAME :AGE:

CHILD'S NAME :AGE:

DOES ANY CHILD HAVE ANY MEDICAL CONDITION THAT MAY AFFECT
THEIR TRAINING?

NAME OF CHILD:

CONDITION.....

NAME OF CHILD:

CONDITION.....

I Consent to my child : Age:

I Consent to my child : Age:

I Consent to my child : Age:

RECEIVING CYCLE TRAINING BY CYCLERITE

I understand that the Instructor may refuse to train my/children if any bicycle is found to be unroadworthy by the instructor and must rectify the bicycle/s before training can be given.

You must provide your child / children with a cycle helmet to BS EN 1078:1997 (European Standard). Cyclerite will provide hi viz vests for on road training.

I understand that having cycle training does not necessarily follow that your child/ children will be completely safe to ride a bicycle until they become a proficient cyclist and must practice.

Photographic Consent.

I agree that photographs of the children can be used by Cyclerite for publicity purposes only NO NAMES WILL BE USED. If you are happy for photographs to be taken please can you sign your consent: Thank you

Please state where you found the details for **Cyclerite**?

I / we have read the consent form and understand the conditions and agree to abide by them.

I/we will give payment to the instructor on completion of each session at the price quoted at the time of booking.

Parent's/ Guardian's signature: Date:

Parent's/ Guardian's signature: Date: