

Cycle Confident Schools Cycle Training Consent Form

Cycle Colliden	t Schools Cycle Training Consent Form
Trainee Full Name :	
Age:	
Gender	
Any Special Needs or medical conditions?	
Address:	
House Number / Name	
Street	
City:	
Post Code:	
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PARENT/GUARDIAN CO	ONTACT DETAILS
Mobile phone	
Home phone Email address	
Email address	
 read carefully. If you agree, please sign the consent form. This application/consent form MUST be signed by the child's parent / Guardian. I agree to my son/daughter taking part in cycle training. Persons under 16 years of age MUST wear an approved cycle helmet while undertaking the training. I understand this course is not designed to teach the basics of balancing and control. The instructor will determine if the trainee is able to control their bicycle sufficiently well to take part in the training. Training takes place initially in the school playground. If the trainees have reached the required standard they will then be taken out onto local roads for further on road training. The instructor's decision is final with regards to the decision to take children out on to the road. Training will cover all aspects of safer cycling, including: recommended procedures for starting, stopping and turning left and right; and to develop skills and basic strategies for dealing with traffic. Persons under 16 years of age will wear the supplied high-visibility waistcoat. Personal belongings are brought to the course at your own risk. I agree that the instructor(s) can adjust my child's bicycle if necessary. I agree that my child will conduct him/herself in an appropriate manner and follow the directions of the instructor(s). I understand that Cycle Confident Ltd is not responsible for any injury or loss or damage to any person or property not caused by an instructor's negligence. I am responsible for providing my child with suitable clothing for cycling. 	
I have read, agree and fully understood the Terms and Conditions for cycle training.	

Date

Signed