

Rider Information and Parental Consent Form for Sutton Cycling Club Youth Cyclo sportive



Part 1: Younger Rider Information

1.1 Rider Details

First Name:		Surname:			
Gender:	Male / Female	Date of Birth:		Age:	
Address:			Postcode:		
Home Tel:			Mobile:		
Email:					
Cycling Club: (if appropriate)					

1.2 Emergency Contact Details

First Name:		Surname:			
Relationship to Rider:			Home Tel:		
Work Tel:			Mobile:		

1.3 Medical and Specific Needs

Please give details of any medical or health conditions that might affect your participation in cycling and what support/modifications are needed:
Please list any medications you take on a regular basis:
Please give details of any specific needs of which the organisers should be aware, and what support/modifications are required:

[Type text]

[Type text]

Part 2: Parental Consent

Parental/Guardian Consent for Participating in Youth Cyclo sportive

I, being the parent/guardian of _____, have read the information on this form and the following notes, and consent to my child taking part in this youth cyclo sportive conducted on the public highway. My child is 12 years old or older and can cycle at a level equivalent to, or exceeding, the Level 2 Cycle Training Standards.

I understand and agree that my son/daughter participates in the cyclo sportive entirely at his/her own risk. I have considered the nature of such event and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety while on the public highway.

Note:

- It is the parent's/guardian's responsibility to ensure that his/her child's bike is in a safe condition to ride. All riders must wear a cycling helmet at all times during the coaching sessions.
- All adults must be riding with at least one child during the cyclo sportive and must be with them at all times.

Please ensure you make a note of any medical conditions your child has or you feel the coach should know about (in Section 1.3). If you have any concerns about your child participating in any form of physical activity, please consult your GP before giving permission for your child to take part in the coaching sessions.

Signed:		Date:	
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Part 3: Adult Rider Information

3.1 Rider Details

First Name:		Surname:	
Gender:	Male / Female	Date of Birth:	Age:
Address:			
		Postcode:	
Home Tel:		Mobile:	
Email:			
Cycling Club: (if appropriate)			

3.2 Emergency Contact Details

First Name:		Surname:	
Relationship to Rider:		Home Tel:	
Work Tel:		Mobile:	

[Type text]

3.3 Medical and Specific Needs

Please give details of any medical or health conditions that might affect your participation in cycling and what support/modifications are needed:

Please list any medications you take on a regular basis:

Please give details of any specific needs of which the organisers should be aware, and what support/modifications are required: