

Gateway Cycling – Parental / Guardian Consent

Child's Name:	Child's Date of Birth:
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SECTION A – PARENT/GUARDIAN'S INFORMATION AND CHILD'S MEDICAL INFORMATION

Parent / Guardian's Name:	
Home Address:	Email Address:
Emergency Contact Telephone Numbers:	

Child's medical information (if applicable)

Please provide details of any medical conditions or allergies your child has which we should be made aware of, including details of any relevant treatments:	
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SECTION B – CONSENT

It is necessary to obtain consent for your child to take part in club activities. If you wish your son /daughter to participate then please read the following information, complete the form and sign the Parental Consent Notice. All Coaches are trained British Cycling Coaches that have received training in Safeguarding and Protecting Children, and have been checked and cleared through the Disclosure and Barring Service. Any information provided about your child will be kept confidential and secure. It will only be used for the purpose of contacting you or your child regarding future club and coaching events. With your permission, the club may also take photographs/video footage during coaching and club events. These images could be used in coaching resources, placed on the club's website, or for general publicity purposes. If you are happy for photographs/video footage of your child to be taken and used in this way, could you please tick the appropriate box below.

By submitting this completed form, I agree to the child named above taking part in the activities of the club

I understand that I will be kept informed of these activities - for example timing and transport details

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately

A cycling helmet must be worn at all time during activity.

Any participants who persistently misbehave or put others in danger will be asked to leave the activity and will not be allowed to continue.

Parent / Guardian Consent

Signature _____

Print Name _____

Date _____