

Cycle Training Consent Form

Child's/Children's name(s) (please print) _____

Parent/Guardian's Name (please print) _____

- I would like** to register the above child/children to take part in the cycle training and confirm that they will have a roadworthy bike and a helmet.
- I do not** wish my child/children to be photographed during the training
- I would like my child to be exempt from wearing a helmet on religious/cultural grounds –**
I fully understand that Cycle Experience cannot accept liability for any injury sustained as a result of my child not wearing a cycle helmet
- I do not** wish my child/children to take part in the training.

If you are declining the offer of cycle training, can you tell us why? Your feedback will help us improve the services and opportunities that we offer.

Medical or other conditions which may be of relevance:

Signature:

Date:

Contact telephone number:

School Name:

Please return this form to

Mrs Cade

Wednesday 19th July 2017