

Participant details	
Name:	Gender:
Date of birth:	School year:
School:	
Address:	
	Postcode:
Home telephone:	Mobile:
Email address:	

Emergency contact details:	
Name:	Relationship to participant:
Contact telephone number (inc. area code):	

Medical information
Please make a note below of any medical conditions you feel we need to know about. If you have any concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in the Go-Ride activities.

Ethnicity	
White	British: Irish: Gypsy/Irish traveller: Other white (please state):
Mixed	White/Black Caribbean: White/Black African: White & Asian: Other (please state):
Asian/Asian British	Indian: Pakistani: Bangladeshi: Chinese: Other (please state):
Black/Black British	Caribbean: African: Other black (please state):

Disability
The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment which has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities".
Do you consider yourself to have a disability? Yes: No: Prefer not to say:

I being the parent/guardian of _____ have read the information contained in this notice and hereby consent to my child taking part in the coaching sessions and understand and agree that my son/daughter participates in coaching sessions under instruction by British Cycling coaches entirely at his/her own risk. I have considered the nature of such sessions 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 under the supervision of a British Cycling coach. I am also aware that British Cycling may take photographs/video footage during the Go-Ride activity and give permission for them to be used in various British Cycling publicity purposes.

Signed (parent/guardian):

Date:

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