



6. Your child must be committed to completing the entire course so if there are any problems with any of the training dates please notify your school.
7. Your child will be expected to behave in a safe and orderly manner and failure to comply with this may mean your child will be excluded from the course.
8. This consent form should be filled in at least two weeks before the start date and returned to the school. Failure to do so will result in the child not being accepted for the session.

**Bikeability Course – Enrolment/Consent Form**

The following information is requested to identify if there are any special conditions relating to your child and to ensure information will be available in case an accident occurs.

**Medical Information**

**YES    NO**

Does your child have a medical condition?

  

If YES please advise if this limits what your child can do e.g. are they likely to become tired, will they understand verbal instruction.....

.....

.....

Is your child allergic to any medication?

**YES    NO**

  

If YES, please give details.....

Please advise us off anything else that may effect your child taking part in a cycle training course .....

**STATEMENT OF CONSENT**

I will ensure my child abides by the above guidelines and give consent for him/her to attend the cycle training course at .....school.

I understand that the course is predominantly road based and run by qualified Instructors

If I am unable to be contacted following an accident I agree to my child receiving medical treatment, including anaesthetic, as considered necessary by qualified medical personnel.

Name of Child.....

Address.....

.....

.....

Child's age.....

Emergency contact numbers .....

Signed.....Parent/Guardian

Date.....