

Parental Consent & Data Protection Notice

It is necessary to obtain consent for your child to take part in the Go-Ride activity. If you wish for your son/daughter to participate, then please read the following information, complete the form overleaf and sign the Parental Consent Notice.

All Go-Ride Coaches are fully qualified British Cycling coaches that have received training in safeguarding and protecting children, and have been checked and cleared through the Criminal Records Bureau. Any information provided about your child will be placed on a database maintained by British Cycling and will be kept secure and confidential. It will only be used for the purpose of contacting you or your child regarding future Go-Ride events and clubs where your child could get involved in cycling.

With your permission British Cycling may also take photographs/video footage during the Go-Ride activity. These images could be used in coaching resources, presented at coaches education course, placed on the British Cycling website, or for general publicity purposes. If you are happy for photographs/video footage to be taken and used in this way, could you please tick the **Yes** in the photographs permitted section overleaf.

NOTES

- A cycling helmet **MUST** be worn at all times during the 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.



Please complete and sign the parental consent information overleaf

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PROGRAMME DETAILS :	
Name/Location : _____ Date : _____	
PARTICIPANT DETAILS :	
Name: _____	
Date of Birth: ___/___/___	Sex: M () F ()
Address: _____	
_____	Postcode: _____
Age Group: 0 - 7 () 12 - 13 ()	
8 - 9 () 14 - 15 ()	
10 - 11 () 16 - 17 ()	
British Cycling Membership Number (if applicable) _____	
Home Telephone: _____	
Email Address: _____	
EMERGENCY CONTACT DETAILS :	
Name: _____ Relationship to Participant: _____	
Contact Telephone Number (including area code): _____	
MEDICAL INFORMATION :	
Please make a note below of any medical conditions you feel we need to know about, <i>e.g. asthma</i> . 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.	
Religion :	
Buddhist () Christian () Hindu () Jewish () Muslim () Sikh () Undisclosed ()	
No Religion () Other (please specify) : _____	
ETHNICITY :	Disability Information :
White British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Irish Traveller <input type="checkbox"/> Other white (please state) _____ Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed (please state) _____ Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please state) _____ Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other black (please state) _____ Other Ethnic Groups Arab <input type="checkbox"/> Any Other (please state) _____	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 that your child has a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
PHOTOGRAPHS/VIDEOS PERMITTED : Yes () No ()	
(Photographs of your child may be used for Go-Ride/British Cycling promotional/educational purposes)	
PARENTAL CONSENT NOTICE : I have read the information contained overleaf and declare that I have the right to give parental consent, and hereby consent to my child taking part in the Go-Ride activity.	
Parent/Guardian Name	
Parent/Guardian Signature	DATE