

Club Membership Form

Name:

Date of birth:

Address:

Postcode:

Telephone No:

Mobile No:

Email:

Ethnicity

White: White British Irish
Other please state _____

Black or Black British: Caribbean African
Other please state _____

Asian or Asian British: Indian Pakistani
Bangladeshi
Other please state _____

Religion

Buddhist Christian Hindu
Jewish Muslim Sikh
Other Undisclosed
No Religion

Disability Information

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 on his or her ability to carry out normal day-to-day activities.'

Do you consider yourself to have a disability? Yes No
If yes, what is the nature of your disability?

Medical Information

Please detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes, a recent injury, etc). Medical condition(s) and recommended treatment/ actions to be taken if symptoms appear: 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 cycling activity sessions.

It is necessary to obtain consent for your child to take part in the Go-Ride activity. If you wish your son / daughter to participate, then please read the following information, complete the form below 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 Criminal Records Bureau. 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 Go-Ride events. With your permission the club may also take photographs/video footage during Go-Ride activity. 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 returning 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.

Name of Parent/Carer: _____ Date: _____

If you are happy for photographs/video footage of your child to be taken and used, please tick here:

Signature: _____

Emergency Contact Details

Name:

Relationship to rider:

Address:

Postcode:

Telephone No:

Mobile No:

Email: