



## Portsmouth North End Cycling Club

*Promoting the pastime and sport of cycling*

### Parental Consent Form for participation in Club Runs/Social Rides

#### 1. Rider Details

First Name:		Surname:			
Gender:	Male / Female	Date of Birth:		Age:	

#### 2. Parental/Guardian Consent for Participating in Prescribed Training

I, being the parent/guardian of \_\_\_\_\_, have read the information on this form and the following notes, and consent to my child taking part in organised club runs/social rides organised by the club and a designated ride leader. My child is 13 years old or older and has completed a Rider Profile overleaf, under my supervision, including all details that may affect participation.

I understand that this may require my child to complete training without the supervision of a coach and, during these sessions, it is my responsibility to ensure the safety of my child. I have considered the nature of such training 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 completing prescribed training.

#### Notes

- You are giving consent for your child to take part in the 'club runs/social rides'. Such rides may contain a variety of activities in a variety of environments on the public highway. The Ride Leader for the designated ride has responsibility and 'duty of care' for all riders.
- It is the parent/guardian's responsibility to ensure the child's bike is in a safe condition to ride. All riders must wear a cycling helmet at all times during the rides. It is recommended that cycling helmets are worn at all times when cycling.

Please ensure you make a note of any medical conditions your child has or you feel the ride leader should know about in the Rider Profile overleaf. If you have any concerns about your child participating in any form of physical activity, please consult your GP before giving permission for your child to take part in the prescribed training.

Name:			
Relationship to Rider:			
Signed:		Date:	

### 3. **Emergency Contact Details**

First Name:		Surname:	
Relationship to Rider:		Home Tel:	
Work Tel:		Mobile:	

### 4. **Medical and Specific Needs**

Please give details of any medical or health conditions that might affect your participation in cycling and what support/modifications are needed
Please list any medications you take on a regular basis
Please give details of any specific needs that the coach should be aware of, and what support/modifications are needed

### 5. **Other Rider Information**

Previous cycling experience
What other sports do you participate in regularly? How often?
Why are you attending the rides?
What do you want to achieve from the rides?
In the long term what do you want to achieve from your participation in cycling?
Please detail any other specific information that is relevant to participation in cycling activities

**Thank you, please forward to PNECC**