



*Developing the Next Generation of Cyclists*

**Central Region Coaching Activities 2009**

**All ability Go-Ride Cycling Sessions comprising skills, challenges & races**

**Ages 9 – 16**

Day	Start Time	Finish Time	Venue	Cost
<b>Mon – Thursday 26- 30 October</b>	<b>10:00am</b>	<b>12:00am</b>	<b>Gilbert Inglefield Middle School</b>	<b>FREE</b>

**Limited Spaces Available**

(you will need your own roadworthy bike and helmet)

Quality coaching by qualified British Cycling Coaches, in conjunction with GoCycle

**All Go-Ride sessions take place in a safe off-road environment**

Details of all holiday programmes can be found on

[www.britishcycling.org.uk/goride](http://www.britishcycling.org.uk/goride)

[www.gocycleleightonlinlade.org](http://www.gocycleleightonlinlade.org)

For further information please contact GoCycle Schools Officer Allison Jeavons

Mobile No **07854 692274**

E-mail **Allison.jeavons@leightonlinlade-tc.gov.uk**

**To book a place please complete the form on the reverse and return to:**

Allison Jeavons, GoCycle, Leighton Linlade Town Council, The White House, Hockliffe Street, LU7 1HD



## Registration and Parental Consent Form

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: \_\_\_\_\_

### Participant Details

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ School Year: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

British Cycling Membership No (if applicable): \_\_\_\_\_ Is Hire Bike required? Yes / No

Home Telephone: \_\_\_\_\_ If Yes please state child height:

Parent Email Address: \_\_\_\_\_

Do you have a disability? Yes / No If yes, please give details: \_\_\_\_\_

### 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. 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 Go-Ride.

### Ethnicity

#### White

British  Irish  Other White (please state) \_\_\_\_\_

#### Mixed

White & Black Caribbean  White & Black African  White & Asian  Other Mixed (please state) \_\_\_\_\_

#### Asian or Asian British

Indian  Pakistani  Bangladeshi  Other (please state) \_\_\_\_\_

#### Black or Black British

Caribbean  African  Other Black (please state) \_\_\_\_\_

Chinese

Any other (please state) \_\_\_\_\_

Please ensure that the completed form is returned to the address overleaf prior to taking part. Please make Cheques Payable to **British Cycling**

**Note:** All information is stored within Data Collection Act rules, details available on request

**Venue:**

**Dates:**

**Amount Paid @ £FREE: £**

**Cash**   
**Cheque**