

Parental Consent Form



If you wish for your son/daughter to participate, please complete the form below and sign the parental consent notice.

Ride details

Name/location: Date:

Participant details

Name:
Date of birth: Sex: Male Female
Age group: 0-7 8-9 10-11 12-13 14-15 16-17
Address:
Postcode:

Emergency contact details

Name:
Relationship to participant:
Contact telephone:

Name:
Relationship to participant:
Contact telephone:

Medical information

Please make a note below and provide any information required about medical conditions you feel we need to know about, e.g. asthma or any allergies. 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 any Rhos-on- Sea CC rides

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Parental consent notice

I have read the information contained on this form and declare that I have the right to give parental consent, and hereby consent to my child taking part in the Rhos-on-Sea CC rides
I agree to be at the drop-off/pick-up point at the agreed time (if applicable).
I confirm to the best of my knowledge that my child in my care does not suffer from any medical condition other than those detailed in this form.
I confirm that I have provided details of any relevant medical conditions that may affect my child taking part in the Rhos-on-Sea CC rides.

Parent/Guardian name: Date:

Parent/Guardian signature:

I agree that my child can be videoed/photographed: Yes No

(Photographs/video of your child may be used for Rhos on Sea CC/BC promotional purposes)