

Sole Cycling Bikeability Level 3 Registration Form

For the safety and protection of all participants and coaches at our sessions we ask that you complete this form before taking part in any activity with us. If you are under 16 you will need to have it signed by a responsible adult. Please ensure that details are correct, in the event of an incident we will use the contacts, so ensure you let us know if they change. Finally if you at all unsure about taking part in one of our activities please check with your doctor and also note any medical conditions in the space provided. Please note, all of our staff are qualified in the activity they are leading, they have CRB checks, First Aid and Public Liability insurance. Please enjoy your activity.

Name _____

Address _____

Postcode _____

Phone Number _____

E-mail address _____

Emergency Contact Name _____

Emergency Contact Number _____

Relationship to you _____

Medical Issues or concerns _____

Age _____ Date of Birth _____ Gender _____

Do you have a disability? If so please tick: Hearing _____ Visual _____ Physical _____ Learning _____

Which school do you attend? _____

I declare that I am fit to take part in this activity and do so at my own risk. I understand that Sole Cycling will not take responsibility for any injury or loss as a result of my participation in this activity. I confirm that the details I have given above are correct and will ensure I keep the activity leader up to date with any changes to these details. I confirm I have read all of the documents related to this activity and am happy for my child to take part in on-road Level 3 Bikeability training.

If participant is under 16 please ensure this section is signed by a responsible adult.

Signed (Print name) _____ Sign _____ Date _____

Coaches, please give date and venue of session attended here _____

