

*Developing the Next Generation of Cyclists*

## London Coaching Activities 2010



**Monday 15 February 2010  
To  
Wednesday 17 February 2010**  
Go-Ride sessions for all abilities

**Ages 10-16**

**Hillingdon Cycle Racing Circuit  
Minet Country Park  
Springfield Road  
Hayes  
UB4 0TP**

**From 10am to 2pm  
£7.50 per day.**

(Includes bike and helmet  
hire if required)

**Quality coaching led by Qualified British  
Cycling Coaches**

**Quality Coaching from qualified British Cycling**

**For further information please contact Ray Kelly:**

**Mobile Phone Number. 07940 738285**

**E-mail [raykelly@britishcycling.org.uk](mailto:raykelly@britishcycling.org.uk)**

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

**Ray Kelly  
177 Pine Gardens  
Eastcote,  
Ruislip  
HA4 9TE**

## 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 Number (if applicable)** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**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 then please consult your GP before giving permission for your child to take part in the Go-Ride Activities.

\_\_\_\_\_

\_\_\_\_\_

### 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 are available on request.

(Insert Event)  
 (Insert date from & to)