

# Seacroft Wheelers Youth Cyclist Information and Parental Consent Form

**This form must be completed by both the Parent/Guardian and the adult responsible for a child (age 12-15) if the Parent/Guardian is NOT with their child on a club organised ride. It is important that the ride leader has a copy of this form before the ride commences please.**

## 1 Youth Cyclist Details

First name:		Surname:	
Gender:		Date of birth:	Age:
Address:			
		Postcode:	

## 2 Emergency Contact Details

First name:		Surname:	
Relationship to junior cyclist:		Home Tel:	
Work Tel:		Mobile:	
Email:			

## 3 Medical Information

Please give details of any medical or health conditions that might affect the junior cyclist's participation in cycling and any support/actions/medication required.
Please list any medications taken on a regular basis.

Please note that Ride Leaders are not responsible for administering medication.

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.

## 4 Consent for Participation in Cycling Activities

### Parental/Guardian declaration

My child is in good health and I consider him/her capable of taking part in activities at Seacroft Wheelers Cycling Club. I have provided all relevant medical information at section 3 above. I consent that in the event of an accident/emergency any necessary treatment may be administered to my child. I understand that in all cases the adult responsible for my child (named below) will make every reasonable effort to contact me (and any other person identified at section 2 above), but in the best interests of the youth cyclist, the guardian appointed by myself is hereby authorised to act *In Loco Parentis* in my absence. I understand that while the club/Ride Leaders will take every reasonable precaution to ensure that accidents do not happen, neither the club nor the Ride Leaders can necessarily be held responsible for any loss, damage or injury suffered to my child.

Child's name:			
Responsible adult - Name in block capitals and signature		Date	
Parent's/guardian - Name and block capitals and signature:		Date:	