

Homefield Cycle Courses parent/carer permission and information form

Please **complete and return by email** to trevor.lenthall@btinternet.com as soon as possible. Payment due **only once your place has been confirmed**.

Please note: Prompt collection at 5pm if possible please.

Parent/carer name:.....

Address:.....

Phone:.....

Email:.....

Son/participants name:

Year Group/age:

Existing medical conditions:

Special needs, if any:

Indication of cycling ability:

I give permission for my child to take part in the cycling activities at Homefield School, Thursdays 4 to 5pm. I also give permission for my child to receive any medical treatment as required and considered necessary by the authorities present. I understand that whilst every effort will be made to keep my child safe at all times, that cycling is a physical activity, and can result in injury, and that my son is not insured against injury. I agree to my child wearing a safety helmet at all times.

I will enclose/attach £ in payment for **sessions once my sons place is confirmed**.

Signed:

Dated:

Please note that the Club is run by an experienced and qualified independent cycling instructor, Trevor Lenthall, who can be contacted at:

01737 370 411 landline

07876 712 786 mobile; urgent contact or emergencies only please

trevor.lenthall@btinternet.com

Please return all paperwork to him via the School or to his email.