



# go-ride

supported by **TESCO**

*Developing the Next Generation of Cyclists*

## **EAST MIDLANDS Coaching Activities 2008**



Wed 20<sup>th</sup> August 2008

### **Mountain Bike Skills**

At

**BOURNE WOODS**  
**BOURNE**  
**LINCOLNSHIRE**

**For ages 8 – 15 years**  
**Quality Coaching**  
10 am to 3pm  
£7.50

**For further information please contact:**

Steve Crosland on 07793844650

e-mail: [stevecrosland@britishcycling.org.uk](mailto:stevecrosland@britishcycling.org.uk)

**For bookings please send completed forms to:**

Steve Crosland  
56, Carnarvon Street  
Netherfield  
Nottingham NG4 2FP



For more information, please call: 0870 871 2000  
British Cycling, National Cycling Centre, Stuart Street, Manchester M11 4DQ

[www.britishcycling.org.uk](http://www.britishcycling.org.uk)

## 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.

**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**

**(Bourne Woods MTB)**  
**(20/08/08)**

**Note:** All information is stored within Data Collection Act rules, details are available on request.