



go-ride

supported by **TESCO**

Developing the Next Generation of Cyclists

EAST MIDLANDS Coaching Activities 2008



SATURDAY 15th NOVEMBER

**CYCLO CROSS
COACHING DAY**

At

**YARBOROUGH LEISURE
CENTRE**

**RISEHOLME ROAD
LINCOLN**

8 – 15 YEAR OLDS

Quality Coaching

10.00am – 3.00pm

£7.50

**Includes bike and helmet
hire if required**

For further information please contact:

Mobile : 07793844650

e-mail: stevecrosland@britishcycling.org.uk

For bookings please complete the form opposite and

return 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

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 Cyclina**

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

(YARBOROUGH)
(SATURDAY 15th NOVEMBER 2008)