

PARENTAL CONSENT AND DATA PROTECTION NOTICE

Programme details

Name / Location: _____ Date: _____

Participant details

Name: _____ Age group: 0-7 8-9 10-11 12-13 14-15 16-17

Date of birth: _____ Sex: Male Female

Address: _____

_____ Postcode: _____

Emergency contact details

Name: _____ Relationship to participant: _____

Contact telephone: _____

Name: _____ Relationship to participant: _____

Contact telephone: _____

Medical information

Please make a note below and provide any information required about medical conditions you feel we need to know about, eg. *asthma or any allergies*. 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.

Equality monitoring information

This data is confidential and information will be processed on a computer to enable effective monitoring to take place. Completion of this form is voluntary, however, the information provided will help us to monitor the effectiveness of our Equality Policy.

Religion

Buddhist Christian Hindu Jewish Muslim Sikh Undisclosed No religion

Prefer not to say Other (please specify)

Ethnicity

White

British Irish Gypsy/Irish Traveller

Other white (please state) _____

Mixed

White & Black Caribbean White & Black African White & Asian

Other mixed (please state) _____

Asian or Asian British

Indian Pakistani Bangladeshi Chinese

Other (please state) _____

Black or Black British

Caribbean African Other black (please state) _____

Other Ethnic Groups

Arab Other (please state) _____

Prefer not to say

Disability information

The Equality Act 2010 defines a disabled person as anyone with a “physical or mental impairment which has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities”.

Do you consider that your child has a disability?

Yes No Prefer not to say

PARENTAL CONSENT AND DATA PROTECTION NOTICE

It is necessary to obtain consent for your child to take part in a Go-Ride session at:

If you wish for your son/daughter to participate, then please read the following information, complete the form overleaf and sign the parental consent notice. All Go-Ride coaches are fully qualified British Cycling coaches that have received training in safeguarding and protecting children, and have been checked and cleared through the Disclosure and Barring Service. All fully qualified British Cycling coaches benefit from third party public liability and professional indemnity insurance cover. Any information provided about your child will be securely and confidentially stored, processed and destroyed by British Cycling in accordance with the principles of the Data Protection Act. It will only be used for the purpose of contacting you or your child regarding future Go-Ride events and clubs where your child could get involved in cycling; or to provide you with information about British Cycling membership.

With your permission British Cycling may also take photographs/video footage during the Go-Ride activity. These images may be used in coaching resources, presented at coaches education courses, placed on the British Cycling website or social media, or for general publicity purposes. If you are happy for photographs/video footage to be taken and used in this way, could you please tick 'Yes' in the photographs/videos permitted box below.

Notes

- A cycling helmet MUST be worn at all times during the activity.
- Any participants who persistently misbehave or put others in danger will be asked to leave the activity and will not be allowed to continue.

Parental consent notice

- I have read the information contained in this leaflet and declare that I have the right to give parental consent, and hereby consent to my child taking part in the Go-Ride activity.
- I agree to be at the drop-off/pick-up point at the agreed time (if applicable).
Not applicable to children taking part in school curriculum time.
- I confirm to the best of my knowledge that my child in my care does not suffer from any medical condition other than those detailed in this form.
- I confirm that I have provided details of any relevant medical conditions that may affect my child taking part in the Go-Ride activity.

Photography/video permitted: Yes No

(Photographs/video of your child may be used for Go-Ride/British Cycling promotional purposes)

Parent/Guardian name _____ **Date** _____

Parent/Guardian signature _____