

*Developing the Next Generation of Cyclists*

## South Coaching Activities 2011

**Date of Programmes**  
**18<sup>th</sup>-21<sup>st</sup> April 2011**

**Type of Session**

**Go-Ride MTB/Cyclo-cross Skills 3 days**  
**Go-Ride BMX 1 day**

**Age Range**  
**(6yrs – 16yrs)**

**Venue Details/Address**  
**18<sup>th</sup>-20<sup>th</sup> April 2011**

**Harrow Way Community School,**  
**Andover SP10 3RH**

**21<sup>st</sup> April 2011**

**The Depot BMX Track, West Portway**  
**Industrial Estate, Andover**

**Session Timings**  
**(10:00 – 13:00)**

**£10.00 per day**

**Attend a full 4 day programme and get a FREE**  
**Adidas Go-Ride Jersey (SRP £40)**



For further information please contact:

Dave Jowett

Mobile Number: 07940433570

Email Address: [davejowett@britishcycling.org.uk](mailto:davejowett@britishcycling.org.uk)

**To book a place please complete this**  
**form and return it to:**

12 High Firs Road

Sholing

Southampton

SO19 8 HA (registration available on  
the day)

# 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) \_\_\_\_\_

## Disability

The Disability Discrimination Act 1995 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 yourself to have a disability?** Yes ( ) No ( ) Prefer not to say: ( )

**Please indicate event name & dates:**

