



## Shepshed Cycling Club's Parental Consent Form.

Young Person's Details	
<b>Surname:</b>	<b>Forenames:</b>
<b>Gender:</b>	MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
<b>Date of Birth:</b>	
<b>Address.</b>	
<b>Street and Number:</b>	
<b>Town:</b>	
<b>County:</b>	
<b>Post Code:</b>	
<b>Telephone Number:</b>	
<b>Mobile:</b>	
<b>It is important that any Activity Leader has relevant medical details, hence the questions below:</b>	
<b>Is your son / daughter diabetic or asthmatic?</b>	YES <input type="checkbox"/> or No <input type="checkbox"/> If Yes please give details below:
<b>Is your child taking any medication at present (including inhalers)?</b>	YES <input type="checkbox"/> or No <input type="checkbox"/> If Yes please give details below:
<b>Has your child received a tetanus injection in the last five years?</b>	YES <input type="checkbox"/> or No <input type="checkbox"/>
<b>Does your child suffer from any condition requiring medical treatment?</b>	YES <input type="checkbox"/> or No <input type="checkbox"/> If Yes please give details below:
<b>Give full details of any recent illness or injury that might affect your child's participation:</b>	



**Parent / Guardian Declaration:**

I will ensure his /her bike will be in a safe and roadworthy condition.

I shall undertake to inform the Activity Leader in the event of any change in medical details.

I understand all activities are covered by Public Liability Insurance but that there is no insurance for personal accident.

I consent to the use of photography of my child by Shepshed Cycling Club for promotional purposes  
**Yes**  or **No** .

**Signed by Parent / Legal Guardian\*:**

**Date:**

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\* Delete as appropriate  
 Tick as appropriate.