

## East Midlands Coaching Activities 2012

**Mon 13<sup>th</sup> & Tue 14<sup>th</sup>  
February 2012**

### Road Racing Skills



**Age Range  
7 – 15years of age**

**Yarborough Leisure Centre  
Riseholme Road  
Lincoln LN1 3SP**

**£ 10.00 per person  
10:00 am – 3.00 pm  
Packed lunch required**

**Please state which days you are attending,  
and send a completed form for each session**

For further information please contact: **Steve Crosland**

Mobile Number: **07793844650**

Email Address: **stevecrosland@britishcycling.org.uk**

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

**56 Carnarvon Street  
Netherfield  
Nottingham  
NG4 2FP**

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

**(Yarborough - Lincoln)**  
**(13<sup>th</sup> / 14<sup>th</sup> Feb 2012)**