



# I WANT TO RIDE MY BIKE

.co.uk



Childs name : .....

Date of Birth : .....

School : .....

Class : .....

Parent/guardian.....

Address .....

..... Post code .....

Email address .....

Contact number:..... Mobile .....

Does your child have special educational, behavioural, medical or physical needs? (If yes, please give details)

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<b>My child is... (please circle one)</b>	Very Confident Can signal easily	Average for their age	Non cyclist
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<b>My child's bike has</b>	Pumped up tyres	Working Brakes
<b>Please tick</b>		

I consent to my child receiving National Standard cycle training. I have read the terms and conditions provided.

Signed ..... Date .....

Print Name and relation to child.....