



CHILD CONSENT / BOOKING FORM

Please return form by email to bookings@ridingabike.co.uk Tel: 07765 880 440

This is an agreement between **Ridingabike (RAB)** and the undersigned. It relates to all training run by RAB from the date shown below.

I (FULL NAME).....give consent for my child, or the following child(ren) for whom I take full responsibility, to take lessons in safe, effective cycling.

I understand that the instructors may refuse to train my child if the cycle(s) to be used is deemed to be un-roadworthy. It remains my responsibility not to allow the child(ren) to ride an un-roadworthy cycle(s) and if in doubt I should seek the advice of a professional mechanic.

I accept that the instructors may refuse to train my child(ren) at any time if their behaviour or ability level is deemed to be unsuitable.

I accept that RAB or any of its agents are not responsible for loss or damage to any property, or for any injury which is not caused by an instructor's negligence.

I understand that having taken training, it does not necessarily follow that it is safe for the child(ren) to ride a bicycle. Becoming a proficient cyclist takes more practise than lessons of this kind can provide.

RAB "strongly advises" all trainees wear a helmet. If I choose not to insist on my child(ren) so doing, I understand RAB, will not be held liable for any injury that may or may not have arisen out of my decision.

I undertake to make instructors aware of any medical condition of the child(ren) that may affect the outcomes of training or their safety during training.

I understand that any personal details held by RAB may be passed on to any organisation paying for my training for their records only, together with details of the lesson.

I understand that I need to give at least seven days notice to change or cancel of attendance on a booked course. Cancellations within seven days of a course will incur a charge of 50% of the total fee for that session.

Signed:- **Date:-**

Address		Post Code		Relationship to child(ren)	
Telephone:					
Home		Daytime		Mobile	
Email:					

Where did you first hear about RAB?

TRAINEE(S)						
Name:						Age
Previous Experience (tick as applicable)						
Bikeability Levels	1a <input type="checkbox"/> Complete Beginner	1b <input type="checkbox"/> Ride with control	2 <input type="checkbox"/> Ride on quiet roads	3 <input type="checkbox"/> Ride on busy roads	Other <input type="checkbox"/>	Wear Helmet YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Conditions or Special Needs (that may effect cycle training)						
Lessons required for; (tick as required)						
Commuting <input type="checkbox"/>		General Riding <input type="checkbox"/>			Sports/Fitness <input type="checkbox"/>	
Holiday/Travel <input type="checkbox"/>		Accompanying Children <input type="checkbox"/>			Bike Maintenance <input type="checkbox"/>	
Other <input type="checkbox"/>						

Other Group Members							YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name:						Age		
Previous Experience (tick as applicable)								
Bikeability Levels	1a <input type="checkbox"/> Complete Beginner	1b <input type="checkbox"/> Ride with control	2 <input type="checkbox"/> Ride on quiet roads	3 <input type="checkbox"/> Ride on busy roads	Other <input type="checkbox"/>	Wear Helmet YES <input type="checkbox"/> NO <input type="checkbox"/>		
Medical Conditions or Special Needs (that may effect cycle training)								
Name:						Age		
Previous Experience (tick as applicable)								
Bikeability Levels	1a <input type="checkbox"/> Complete Beginner	1b <input type="checkbox"/> Ride with control	2 <input type="checkbox"/> Ride on quiet roads	3 <input type="checkbox"/> Ride on busy roads	Other <input type="checkbox"/>	Wear Helmet YES <input type="checkbox"/> NO <input type="checkbox"/>		
Medical Conditions or Special Needs (that may effect cycle training)								

Notes:-