

Session name:	Session Time:	Session Date:	Coach/Instructor name:
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DECLARATIONS AND CONSENTS

By signing this form I, being the parent/guardian of the below named child:

- Give my consent to my child participating in activities at Lee Valley VeloPark and I understand and agree that participating is entirely at my child's own risk;
- Confirm I have considered the nature of the activities and the risks involved and have discussed them with my child;
- Confirm I am satisfied that my child is sufficiently competent and able to take responsibility for their own safety and to listen to and understand any safety briefings given to them;
- Agree that first aid may be administered to my child if deemed necessary by a suitably qualified person;
- Confirm I have provided details of all of my child's medical conditions and/or allergies which I consider might be relevant and will ensure my child has any treatment close to hand;
- Confirm that my child is able to ride a bike without stabilisers
- Understand that a cycling coach will only be able to assist my child if they follow the coach's instructions and I have discussed the importance of this with my child;
- Confirm I understand that the Better Terms and Conditions and the VeloPark Terms and Conditions apply
- We may occasionally film or take photographs of participants for publicity purposes, which may include reproducing images on the Better and the Lee Valley Regional Park Authority websites. Please tick box if you do not agree to us take photos or film your child. ☐

PARTICIPANT AND PARENT/GUARDIAN INFORMATION

Child's full name	Child's date of birth	Parent/ Guardian's print name & signature	Emergency contact number	Details of any medical conditions or allergies your child has which you would like to make us aware of	I do not agree to photographs / video footage that includes my child being taken	Coach sign off VELOBALANCE	Coach sign off PEDAL UP
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