



**Bikeability Level 2  
Upland Primary School**

**Consent Form** (Please complete in CAPITALS)

Child's First & Last Names: \_\_\_\_\_ Class \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_  
(We'll use either number as an emergency contact during the course)

E-Mail Address: \_\_\_\_\_

Medical/special needs or any other information, we should know:

\_\_\_\_\_

**Please read and then sign below to confirm the following:**

I confirm that my child will be 10 years old or over by the start of the course.

I confirm that my child is a competent cyclist and able to ride a bike well unaided (e.g confident to take one hand of the handlebar for 4 seconds to signal).

I agree to my child taking part in training and assessment.

I understand and accept that my child may be withdrawn from the course at any point if there are concerns about his/her competence.

I understand and accept that the trainers will check my child's bicycle and, if they believe the bicycle is not roadworthy my child will not be allowed to take part

I accept and understand that the majority of the training will take place on public roads.

I understand the London Borough of Bexley holds an insurance policy covering claims by third parties, although it is not personal injury accident insurance for my child. I understand and accept that the Council will not be liable for any accident or injury to my child, except in cases resulting from negligence by the Council.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FULL Name (in CAPITALS) \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Please return this form to the school office by 05/01/2018**

The London Borough of Bexley uses images of its cycle training courses to promote road safety in the borough. If you do not wish your child to be photographed, please opt out by putting an **X** in the box:

