



Participant Registration & Consent Form

Forename

Surname

Year of birth

Postcode

Ethnicity	White	
	Black	
	Asian	
	Mixed	
	Other	
	Prefer not to say	

Impairment / Long-term Health Condition	None	
	Blind / Visual Impairment	
	Deaf / Hearing Impairment	
	Learning Disability / Difficulty	
	Mental Health Condition	
	Autistic Spectrum Disorder	
	Physical Impairment	
	Long-term Health Condition	
	Prefer not to say	
Other, please state:		

Gender	Male	
	Female	
	Prefer not to say	
	Other	

Email address: Carer/ Parent/ Participant

Emergency contact number

Please sign below to confirm that you agree to the following:

1. We (the participant, parent and/or the carer) understand and are happy that the sessions will be led by experienced cycle trainers.
2. We are aware that they will offer us guidance, advice, and support regarding cycling and cycling related matters.
3. We agree that there is an element of risk in all activities, but we are happy to proceed with the session.
4. We understand that the carer or parent is responsible for the care and supervision of the participant.
5. Cycle helmets are available which we may choose to use or not use and that we participate at our own risk.
6. Should anyone's behaviour be endangering the safety of themselves or others, they will be asked to leave.

Signature: (Carer/ Parent/ Participant)

Carer/ Parent Name
(if signing on behalf of participant)