



Young Rider Information and Consent

Rider Details

First name:		Surname:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth:	Age:
Address:			

Emergency Contacts

Name:		Name:	
Relationship to rider:		Relationship to rider:	
Home telephone:		Home telephone:	
Mobile:		Mobile:	

Medical and Specific Needs

Please give details of any medical or health conditions, allergies, or specific needs that might affect participation in cycling or emergency medical treatment.

Parent /Guardian Consent

- I confirm that both I and the young rider have read and accept Beacon RCC's [Club Run Guidelines](#).
- I understand that a Beacon Club Run is simply a group of friends on a joint excursion, riding on public roads. We look out for each other, but there isn't an organiser with legal responsibility for the rest.
- I will ensure that the young rider's bike will be in a safe and roadworthy condition.
- I understand and agree that the young rider participates in Club rides entirely at their own risk.

Name:			
Relationship to rider			
Signature		Date:	

Child Welfare Officer

For matters relating to child welfare and protection please contact David Cox, Telephone: 07785 920646
 Email: welfare.officer@beaconrcc.org.uk