

ARDS CYCLING CLUB
Parental / Guardians Consent Form

Child's Full Name: _____

Male / Female

Address: _____

Date of Birth: _____

Postcode: _____

Emergency Contact

Contact 1

Name _____

Relationship to child _____

Telephone Number _____

Telephone Number
(Other) _____

Contact 2

Name _____

Relationship to child _____

Telephone Number _____

Telephone Number
(Other) _____

Doctor's Name : _____

Doctor's Address:
(Surgery) _____

Doctor's Telephone Number : _____

Medical History Information (details of any known allergies, conditions, medications, special needs etc.) :

Completed under 18 forms to be returned to:
Gareth Murray, 34 Manna Grove, Belfast, BT56AJ

Current Medication

Is he/she taking any medication/treatment? Yes / No (delete as applicable)

If yes, please detail:-

Any other relevant information:-

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Photographs / Video

I understand that photographs may be taken during or at cycling related events and may be used in the promotion of cycling or training / coaching purposes.

Club Runs

I understand that it is a requirement of Ards Cycling Club that U16 age category and below club members must be accompanied by a parent or nominated adult on all club runs. The only exception to this requirement may be for participation in any sanctioned Kids/Youth runs organised by the club.

I hereby consent to the above child participating in cycling activities in line with Cycling Ulster's Code of Ethics and Good Practice for Young People.

I will inform Ards Cycling Club's Child Protection Officer of any changes to the information above.

I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities.

SIGNATURE _____ DATE _____

NAME IN PRINT _____

RELATIONSHIP TO CHILD _____