

Bikeability Registration Form

Child's name and Class (please print) _____

Parent/Guardian's Name (please print) _____

I would like to register the above child to take part in the Bikeability Cycle Training Course and confirm that he/she will have a roadworthy bike and a helmet.

Please give details of any medical conditions, allergies or special needs which you feel we should know about;

I give consent for my child to attend the Bikeability Cycle Training Course, part of which will be on the public highway

Signature:

Date:

Contact telephone number:

Please return this form to **School Office** by **Friday 3rd May** at the latest