



Spokes Cycling Instruction
1 Seymour Place, Chinnor Road
Bledlow Ridge HP14 4AE
☎ 07999 210032
✉ spokesci@gmail.com
🌐 www.spokesci.com

For office use only

Instructor initials

Funding borough (if applicable)

Form: Child Consent (16-) v4.0

Consent form

This is an agreement between Spokes Cycling Instruction ('Spokes') and the undersigned. It relates to all training run by Spokes or after the date of this agreement.

School _____

Date of training _____

I (FULL NAME of parent or guardian, please print)

consent for my child (or the following child for whom I take responsibility) to take lessons in safe, effective cycling. **FULL NAME** of child, please print

During the lessons, my child will (tick one box*)

Wear his/her helmet ☐ **OR** not wear a helmet ☐

**If both or no boxes are ticked, you will be deemed to have no preference*

- Except in cases where Spokes supplies the bicycle ridden by my child I understand that:
 - i) The instructors may refuse to train my child if they deem their bike to be unroadworthy, and
 - ii) It remains my responsibility not to allow my child to ride an unroadworthy bike.
- I accept that the instructors may at any time refuse to continue to train my child if their behaviour or ability level is deemed to be unsuitable.
- I understand that Spokes is not responsible for any injury or any loss or damage to any property which is not caused by an instructor's negligence.
- I understand that having taken training it does not necessarily follow that it is safe for my child to ride a bicycle. To become a proficient cyclist takes much more practise than lessons of this kind can provide.
- I undertake to make the instructors aware of any medical or behavioral condition my child has which may adversely affect the training.
- I understand that personal details held by Spokes may be given to the organisation that is wholly or part paying for the lesson, and that the organisation may contact me to ask for details of the lesson.

Signed

Date

____/____/____

Emergency contact number

Instructor initials

Trainee

(Please fill in this form before training commences)

Date:	1 st Session:	2 nd Session:
Trainee: Clothing <small>(adjustments made)</small> Health/fitness/attitude Any special requirements <small>(medication/disabilities/SEN)</small>		
Bike/Equipment: Fitting <small>(saddle/brakes)</small> Helmet <small>(fitting/visible damage)</small> Other accessories Wheels/tyres Brakes Gears/chain Steering Pedals		
Environment: Weather Off-road area for Level 1 skills <small>(surface/other users)</small> General area for Level 2/3 skills		

Progress	First session	Second session
Long term aim		
Level at start		
Level at end		
Session aim achieved?		