



# go-ride

supported by **sky**

Developing the Next Generation of Cyclists

## Hemel Hempstead Cycling Club



Saturdays 18 September to 02 October 2010  
10am to 12 noon

### Mountain Bike Skills

at Longdean School, Hemel Hempstead (first 2 weeks)  
& Ashridge woods (start at the Monument)

BC Qualified Coaching  
£15 for 3 weeks  
Bring bike and helmet

Ages 8 - 12  
(Maximum of 12 places)

Riders should be confident on their bikes as the techniques taught on the course will require good basic bike handling skills.

For further information and to book a place please contact:

**Duncan Knight email - [duncan@dreamevents.com](mailto:duncan@dreamevents.com)**

**Tel 07880 743727 / 01442 269893**

Please post the booking form with payment to:  
9 Gade valley cottages, Dagnal Rd, Great Gaddesden,  
Hemel Hempstead Herts, HP1 3BW

all cheques payable to **Hemel Hempstead Cycling Club**  
[goride@hemelcycling.org.uk](mailto:goride@hemelcycling.org.uk) [www.hemelcycling.org.uk](http://www.hemelcycling.org.uk)



## 18 September to 02 October 2010 Registration and Parental Consent

I being the parent/guardian of .....have read the information contained in this notice and hereby consent to my child taking part in the coaching sessions and understand and agree that my son/daughter participates in coaching sessions under instruction by British Cycling coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a British Cycling coach.

Signed (Parent/Guardian): ..... Date:.....

### PARTICIPANT'S DETAILS:

Name: ..... Date of Birth: .....

School: ..... School Year: .....

Club (if applicable): .....

Address: .....

..... Post Code: .....

British Cycling Membership Number (if applicable): .....

Home Tel: ..... Mobile Tel: .....

E-mail Address: .....

### EMERGENCY CONTACT DETAILS:

Name: ..... Relationship to Participant: .....

Contact Tel (inc. area code): .....

### MEDICAL INFORMATION: (e.g. Asthma)

Please ensure we are informed of any medical conditions that may affect your child's ability to take part in the activities. If you have any concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in the Go-Ride Activities.

.....

.....  
We would like to take photos to give to participants at the end of the course. If you object to photos of your child being used for this purpose, please tick this box

We would also like to use photos to publicise the club activities. If you object to photos being used for this purpose, please tick this box

Please ensure that the completed form is returned prior to the start of the course.

