



Parental Consent & Data Protection Notice for under 18's.

It is necessary to obtain consent for your child to take part in South Shields VELO cycling club activities. If you wish for your son/daughter to participate, then please read the following information, complete the form overleaf and sign the Parental Consent Notice.

Any information provided about your child will be placed on a database maintained by SSVCC and will be kept secure and confidential. It will only be used for the purpose of contacting you in the event of an emergency or your child regarding future VELO events.

With your permission SSVCC may also take photographs/video footage during VELO activities. These images could be used in coaching resources, presented at coaches education courses, placed on the British Cycling website, or for general publicity purposes. If you are happy for photographs/video footage to be taken and used in this way, could you please tick the Yes in the photographs permitted section overleaf.

NOTES

- A cycling helmet **MUST** be worn at all times during the activity.
- Any participants who persistently misbehave or put others in danger will be asked to leave the activity and will not be allowed to continue.

Please complete and sign the parental consent information overleaf.



GO-RIDE REGISTERED CLUB



PARENTAL CONSENT NOTICE:

I have read the information contained overleaf and declare that I have the right to give parental consent, and hereby consent to my child taking part in SSVCC activities.

PHOTOGRAPHS/VIDEOS PERMITTED: Yes () No () please tick **YOUNG PERSONS DETAILS:**

Name: _____

Date of Birth: ___ / ___ / ___ Sex: M () F () Age last birthday ()

Address: _____

Postcode: _____

Home Telephone: _____

Email Address: _____

EMERGENCY CONTACT DETAILS:

Name: _____

Relationship to Participant: _____

Contact Telephone Number (including area code): _____

MEDICAL INFORMATION:

Please make a note below of any medical conditions you feel we need to know about, e.g. asthma. 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 VELO Activities.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Disability Information:

The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment that has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities".

Do you consider that your child has a disability? Please tick Yes () No () or prefer not to say.

DATE _____