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Advanced Bicycle Handling Training Information, June 4th 2008

Learning to do tricks and stunts on any bike can be dangerous. If your children are considering starting a cycling sport - being equipped with the knowledge you need to do it safely is a must for an injury free cycling experience. Our sessions are run by trials professionals with over ten years trials riding experience each, so you know you are in safe hands.

To take part in our training sessions, your child should have the appropriate safety wear. This is at minimum a helmet, but shin pads and gloves are encouraged to protect from superficial injuries. There will be a small number of training bikes and helmets available for the day, but these are not guaranteed. If you have a suitable bike, please bring this so that these bikes are available for those without.

Please find the attached Parental / Guardian consent form to give permission for your son/daughter to participate in our training session. A completed form, and working helmet are necessary. **Without them, they will not be able to take part.**

For more information on our training sessions, please see our website, think**bikes**.com. If you have any outstanding queries, please contact David Lowe using the details below.

E-Mail: mail@thinkbikes.com

Telephone: +44(0)7720 296252

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Parental / Guardian Consent Form

Dear Parent / Guardian,

We want all young people under the age of 18 to enjoy our training to the fullest and to feel secure and protected during their participation. Therefore, we will not be taking any young person for training unless this consent form has been completed.

1. What is your child's full name?

2. What is your child's date of birth?

3. Will your child be supplying their own bike for the event?

4. What is your child's e-mail address? (they will receive information about future training sessions and addresses will not be sold on to third parties)

5. Does your child have any needs we should be aware of?

6. In case of emergency, who should we contact?

Name: _____

Address: _____

Telephone: _____

7. Who should be a secondary point of contact in emergency?

Name: _____

Address: _____

Telephone: _____

8. What are the contact details for your child's family doctor?

Name: _____

Address: _____

Telephone: _____

9. I agree to my child receiving emergency medical treatment, including anesthetic, as considered necessary by the medical authorities present.

10. Is your child allergic to anything? (eg. medicines or food stuffs)

By signing this form, I confirm that I am the parent / legal guardian of the aforementioned child and that I am happy for them to take part in thinkbikes.com training sessions.

I also confirm that I have read the information sheet regarding the activity and understand what is involved. I acknowledge the need for responsible behavior on their part throughout the training and for them to take special notice of any safety instructions (child protection policy available on request). I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing, insurance and safety measures have been taken. I understand that my child will not be able to participate unless this form has been completed and returned by me.

Signed: _____

Print name: _____

Date: _____