

# PARENTAL CONSENT AND DATA PROTECTION NOTICE

## Programme details

Name / Location: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant details

Name: \_\_\_\_\_ Age group: 0-7  8-9  10-11  12-13  14-15  16-17

Date of birth: \_\_\_\_\_ Sex: Male  Female

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

## Emergency contact details

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

## Medical information

Please make a note below and provide any information required about medical conditions you feel we need to know about, eg. *asthma or any allergies*. 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.

\_\_\_\_\_

## Equality monitoring information

This data is confidential and information will be processed on a computer to enable effective monitoring to take place. Completion of this form is voluntary, however, the information provided will help us to monitor the effectiveness of our Equality Policy.

## Religion

Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Undisclosed  No religion

Prefer not to say  Other (please specify)

## Ethnicity

### White

British  Irish  Gypsy/Irish Traveller

Other white (please state) \_\_\_\_\_

### Mixed

White & Black Caribbean  White & Black African  White & Asian

Other mixed (please state) \_\_\_\_\_

### Asian or Asian British

Indian  Pakistani  Bangladeshi  Chinese

Other (please state) \_\_\_\_\_

### Black or Black British

Caribbean  African  Other black (please state) \_\_\_\_\_

### Other Ethnic Groups

Arab  Other (please state) \_\_\_\_\_

Prefer not to say

## Disability information

The Equality Act 2010 defines a disabled person as anyone with a "physical or mental impairment which 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?

Yes  No  Prefer not to say

# PARENTAL CONSENT AND DATA PROTECTION NOTICE

It is necessary to obtain consent for your child to take part in a Go-Ride session at:

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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. All Go-Ride coaches are fully qualified British Cycling coaches that have received training in safeguarding and protecting children, and have been checked and cleared through the Disclosure and Barring Service. All fully qualified British Cycling coaches benefit from third party public liability and professional indemnity insurance cover. Any information provided about your child will be securely and confidentially stored, processed and destroyed by British Cycling in accordance with the principles of the Data Protection Act. It will only be used for the purpose of contacting you or your child regarding future Go-Ride events and clubs where your child could get involved in cycling; or to provide you with information about British Cycling membership.

With your permission British Cycling may also take photographs/video footage during the Go-Ride activity. These images may be used in coaching resources, presented at coaches education courses, placed on the British Cycling website or social media, 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 'Yes' in the photographs/videos permitted box below.

## 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.

## Parental consent notice

- I have read the information contained in this leaflet and declare that I have the right to give parental consent, and hereby consent to my child taking part in the Go-Ride activity.
- I agree to be at the drop-off/pick-up point at the agreed time (if applicable).  
Not applicable to children taking part in school curriculum time.
- I confirm to the best of my knowledge that my child in my care does not suffer from any medical condition other than those detailed in this form.
- I confirm that I have provided details of any relevant medical conditions that may affect my child taking part in the Go-Ride activity.

**Photography/video permitted:** Yes  No

(Photographs/video of your child may be used for Go-Ride/British Cycling promotional purposes)

**Parent/Guardian name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_