

Dumfries Cycling Club – Parental Consent Form

This form should be completed by the parent/guardian of anyone under 18 years of age wishing to join DUMFRIES CYCLING CLUB and returned, along with the completed Application for Membership, to our Treasurer:-
John Andrew, 19 Gloucester Avenue, Dumfries, DG2 9HT (Tel No 01387 252329).

Young Person's details :

Surname:	Forename:
Date of Birth:	
Address:	
Post Code:	
Telephone number: preferably mobile - that an Activity Leader can call if the need arises	

It is important that any Activity Leader has relevant medical details, hence the questions below :

1. Is your son /daughter diabetic or asthmatic?	Yes / No* If yes, give details:
2. Is your child taking any medication at present (including inhalers)?	Yes / No* If yes, give details:
3. Has your child received a tetanus injection in the last five years?	Yes / No*
4. Does your child suffer from any condition requiring medical treatment:	Yes / No* If yes, give details:
5. Give full details of any recent illness or injury that might affect your child's participation:	

Having read the Dumfries Cycling Club Youth Policy, are you willing to give consent to your son/daughter (if over 15 years of age) to take part in club runs and coached sessions for the duration of this year's membership? **Yes / No***

Declaration :

I will ensure his/her* bike will be in a safe and roadworthy condition.
I shall undertake to inform the Activity Leader in the event of any change in medical details.
I understand all activities are covered by Public Liability Insurance but that there is no insurance for personal accident

Signed by Parent / Legal Guardian*:

Date:

*delete as appropriate