

Juvenile and Junior Parental Consent Form

Crawley Wheelers Cycling Club

(For All Members Under the age of 18)

The safety and welfare of any children and young people in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

In compliance with the Data Protection Act 2018 and General Data Protection Regulation (GDPR), all efforts will be made to ensure that information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of our club.

Information will not be kept once a person is no longer a member of the club.

The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of British Cycling where necessary.

It is the responsibility of the junior and their parent to notify the Safeguarding Officer or Membership Secretary if any of the details change at any time.

Name of Child	
Date of Birth	
Address	
Mobile Number	
Name of parent/carer	
Address	
Home Number	

Mobile Number	
Work Number	
email	

Medical Information

Please detail below any important medical information that we need to know about and which would affect your child’s participation in cycling activities.

Such as: allergies; medical conditions (for example - epilepsy, asthma, and so on); current medication; special dietary requirements, any additional needs, and/or any injuries.

Please indicate if you would like to discuss this privately with us.

Child’s Doctor’s name	
Doctor’s Surgery Address	
Telephone Number	

Disability

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 on his or her ability to carry out normal day to day activities’.

Do you consider your child to have a disability? (Please circle) **YES** **NO**

*If yes what do we need to know about the nature of the disability?

Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user? If yes, please tell us what we need to do to support them and communicate with them fully?

Consent from Parent/Carer: (Please tick the boxes if you consent)

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify the Club of any changes to this information.
- I give my consent, that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency first aid or other necessary medical treatment. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named on this form.
- I consent to my child's medical details being held by the club and shared with coaches/leaders for the purposes of safe participation in any club activity/session.
- I consent to the club photographing or videoing my child in any club session or activity in line with the club's photography/video policy. I understand that if I do not wish to give consent for this I can contact the club to discuss how any potential photography can be managed.
- I confirm that I will ensure that my child's bike is safe and in a roadworthy condition and that they will wear an appropriate cycling helmet during club activities/sessions.
- I confirm that I consent to participation in organised coaching sessions.
- I confirm that I consent to group riding and that prior to each ride I will notify the Ride Secretary crawleywheelerssocialrides@gmail.com of my child's attendance; and if my child will be leaving the club ride alone; or if leaving with another person, who this is.

By signing this document, I confirm that I have legal responsibility for

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I am entitled to give this consent and I am aware of how the information I have provided may be used.

Signed – Parent/Carer	
Print name	
Date	