

Richmond Cyclist Training Scheme

Please return this form to Safety Education Team, 2nd Floor Civic Centre,
44 York Street, Twickenham TW1 3BZ or fax to 020 8487 5010

Please reserve a place on the course held at _____ School.
On _____ (date)

First name of child _____ Last name _____


Address _____


Postcode _____ Date of birth _____

School attended _____

For emergency use:

1st contact name _____ Daytime  _____

2nd contact name _____ Daytime  _____

Doctor's name _____  _____

I give permission for her/him to ride on local roads near the training site. Yes No

I consent to her/him receiving medical advice and treatment in the event
of an emergency. Yes No

Please state any medical condition/special needs, which the instructors should be aware of.

I understand that it is my responsibility to ensure the safety of the above named child's
journey to and from the course site and that the instructors' responsibilities cease at the end
of the training session.

I certify that she/he will be 11 years of age by 31 August 2008.

Signed