



# go-ride

*Developing the Next Generation of Cyclists*

## Amersham R.C.C. Coaching Activities 2009



**Tuesday 26<sup>th</sup> May**  
**Wednesday 27<sup>th</sup> May and**  
**Thursday 28<sup>th</sup> May**  
**From 10 am to 12.30 pm**

**All ability Go-Ride Sessions**

**Ages 9 - 16**

**At**  
**The Misbourne School**  
**Misbourne Drive**  
**Great Missenden**  
**Bucks**  
**HP16 0BN**

Quality coaching by qualified British Cycling Coaches,

**£ 2.50 per session or £ 6.00 for all three** – payment in advance please, cheques payable to Amersham R.C.C.

For further information please contact: CHRIS GERMAN

**Phone** 01296 622763 **Mobile** 07967 978659 **email** chrisg2711@btinternet.com

To book a place please complete the form: attached and return to

**CHRIS GERMAN**  
**51 DOBBINS LANE**  
**WENDOVER**  
**BUCKS**  
**HP22 6DL**



For more information, please call: 0161 274 2070  
British Cycling, National Cycling Centre, Stuart Street, Manchester, M11 4DQ

[www.britishcycling.org.uk](http://www.britishcycling.org.uk)

## Registration and Parental Consent Form

I would like to book a space on the following sessions for .....

Tuesday 26<sup>th</sup> at £2.50   
Wednesday 27<sup>th</sup> at £2.50   
Thursday 28<sup>th</sup> at £2.50

All 3 sessions at the discounted price of £6.00

Please return the completed form to Chris German 51 Dobbins Lane Wendover Bucks HP22 6DL with payment - cheques payable to Amersham R.C.C.

### Participant Details

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ School Year: \_\_\_\_\_ School: \_\_\_\_\_

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

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

British Cycling Membership No (if applicable): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

Do you have a disability? Yes/No If yes, please give details: \_\_\_\_\_

### Emergency Contact Details

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Contact Telephone Number (including area code): \_\_\_\_\_

### Medical Information

Please make a note below of any medical conditions you feel we need to know about. If you have any concerns about your child participating in any form of physical activity please consult your GP before giving permission for your child to take part in Go-Ride

\_\_\_\_\_  
\_\_\_\_\_

I being the parent/guardian of \_\_\_\_\_ have read the information contained in this notice and hereby consent to my child taking part in the coaching sessions and understand and agree that my son/daughter participates in coaching sessions under instruction by British Cycling coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a British Cycling coach. I am also aware that British Cycling may take photographs/video footage during the Go-Ride activity and give permission for them to be used in various British Cycling publicity purposes.

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Note: All information is stored within Data Collection Act rules, details available on request