



# DITCHAM PARK SCHOOL

*Where every child is known and valued*

## **PARENT CONSENT FORM FOR PARTICIPATING IN CYCLING SESSIONS WITH DITCHAM CYCLING CLUB**

**PLEASE PRINT OFF AND FILL IN THE CONSENT FORM AND RETURN IT TO LUCY O'LOUGHLIN VIA THE SCHOOL OFFICE.**

### 1. Rider details

First name:		Surname:				
Gender:	Female	Male	Date of birth:		Age:	
Address:						
			Postcode:			
Home tel:			Mobile:			
Email: Parent						
Child (optional)						
Cycling club:	Ditcham Cycling Club					

### 2. In case of emergency, please provide two emergency contact numbers.

Main contact			
First name:		Surname:	
Relationship to rider:		Home tel:	
Work tel:		Mobile:	
Back-up contact			
First name:		Surname:	
Relationship to rider:		Home tel:	
Work tel:		Mobile:	

Ditcham Park School, Ditcham Park, Petersfield, Hampshire, GU31 5RN  
Telephone: 01730825659      www.ditchampark.com

Headmaster: Mr G Spawforth, MA, MEd

The Ditcham Park School Charity Association  
(A company limited by guarantee. Registered in England no. 1648056. Registered office as above. Registered charity no. 285244)





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### 3. Medical and specific needs

Please give details of any medical or health conditions that might affect your child's participation in cycling and what support/modifications, if any, are needed.

Please list any medications your child takes on a regular basis.

Medication	Does your child carry this medication with him/her?	Can your child administer this medication independently?

Any other information

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## **PARENT CONSENT FORM: DITCHAM CYCLING CLUB**

I, being the parent/guardian of the pupil named consent to my child taking part in the cycling sessions.

I confirm that I have considered the nature of such sessions and am satisfied that my child is sufficiently responsible and competent to follow the instructions of the Ride Leader.

I understand that it is the parent's/guardian's responsibility to ensure that his/her child's bike is in a safe condition to ride. All riders must wear a cycle helmet at all times during the cycling sessions and I understand the school will not permit my child to ride with the club unless he/she is wearing a suitable helmet.

I understand that during some Mountain Bike rides there will be limited use of the public highway under the supervision of the Ride Leader to move riders from one off-road location to another.

Please inform the Ride Leader about any changes to your child's health condition before each ride.

*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 the cycling sessions.*

**YES/ NO\*** I confirm that I have read Ditcham Cycling Club Information for Parents.

**YES/ NO\*** I give permission for Ditcham Cycling Club to use my contact information for club purposes.

Please see Ditcham Cycling Club Information for Parents for our Privacy Notice explaining how we store and use the information you have provided.

### **Consent for taking images**

During our cycling sessions, we often take photos and video. We would like to share these on social media. Our riders will not be identified by name on any public social media. If we wish to include a name we will ask for explicit parental permission e.g. if a rider wins a race.

In the event of any images and videos of my child being taken, I consent to them being included on DCC social media e.g. our private Facebook group and our public YouTube and Instagram. **YES/ NO\***

DCC also contributes to external social media e.g. CycleSprog, to promote the school cycle club and to encourage and support other young riders, their parents and schools. I consent to images and videos of my child being shared on external social media. **YES/ NO\***

*\*delete as applicable*

Child name:			
Parent/guardian signature:		Date:	

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