****

Childs name: ……………………………………………..

Date of Birth: …..…………………………………….......

Does your child have special educational, behavioural, medical or physical needs? (If yes, please give details)

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| **My child is…****(please tick one)** | Very ConfidentCan signal easily | Average for their age |

|  |  |  |
| --- | --- | --- |
| **My child’s bike has** | Pumped up tyres | Working Brakes |
| **Please tick** |  |  |

I consent to my child receiving National Standard cycle training. I have read the notes provided.

Signed ………………………. Date ……………………………...

Print Name and relation to child……………………………………………………………..