



go-ride

Developing the Next Generation of Cyclists

Central **Region** Coaching Activities 2009



All ability Go-Ride Cycling Sessions
comprising skills, challenges & races

Ages 9 – 16

Mon 27 July - Thurs 30 July
from 11 am to 3 pm

based at and around
**The Bowl, Watling Street, Milton
Keynes, MK5 8AA** (car auction entrance)

Cost - £7.50 per day
(incl use of mountain bike/helmet)

Quality coaching by qualified British Cycling Coaches,
in conjunction with Team Keyne – www.teammk.com

All Go-Ride sessions take place in a safe off-road environment

Details of all holiday programmes can be found on
www.britishcycling.org.uk/goride

For further information please contact Regional Go-Ride Coach Graham MacNamee:

Mobile No **07786 932887**

E-mail grahammaacnamee@britishcycling.org.uk

To book a place please complete the form on the reverse and return to:
Graham MacNamee, 7 Abinger Gardens, Isleworth, Middx, TW7 6LH



Registration and Parental Consent Form

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:** _____

Participant Details

Name: _____ **Male/Female:** _____

Date of Birth: ___/___/___ **School Year:** _____ **School:** _____

Address: _____

Postcode: _____

British Cycling Membership No (if applicable): _____ **Is Hire Bike required? Yes / No**

Home Telephone: _____ **If Yes please state child height:**

Parent 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.

Ethnicity

White

British Irish Other White (please state) _____

Mixed

White & Black Caribbean White & Black African White & Asian Other Mixed (please state) _____

Asian or Asian British

Indian Pakistani Bangladeshi Other (please state) _____

Black or Black British

Caribbean African Other Black (please state) _____

Chinese

Any other (please state) _____

Please ensure that the completed form is returned to the address overleaf prior to taking part. Please make Cheques Payable to **British Cycling**

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

Venue: Milton Keynes 27-30 Aug 09

Dates:

Amount Paid @ £7.50/day: £

Cash
Cheque