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**Parental Consent Form for Young Rider (under 16) joining Club Rides**

**RIDERS DETAILS**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FIRST NAMES** |  |
| **DATE OF BIRTH** |  |
| **RIDERS MOBILE PHONE NUMBER** |  |
| **I.C.E. PHONE No. 1****NAME** |  |
| **I.C.E. PHONE No. 2****NAME** |  |

**PARENT / LEGAL GUARDIAN DETAILS**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **ADDRESS** |  |
| **TOWN** |  |
| **POSTCODE** |  |
| **PHONE No.** |  |
| **MOBILE No.** |  |
| **EMAIL ADDRESS** |  |

**DECLARATION**

I consent to my child attending Holmfirth Cycling Club organised rides on the public roads.

I understand that each rider is responsible for his/her own safety

I consent to the use of photographs that include my child by Holmfirth Cycling Club for promotional purposes.

Signed by parent/ legal guardian Date