



Bikeability Consent Form

This consent form MUST be signed and returned to the school in order for your child to participate.

School _____ Date of Course _____

Child's Name _____ Year Group YEAR 5 / YEAR 6

Emergency Contact Numbers 1 _____ 2 _____

Does your child have any physical, medical or learning difficulties? YES / NO

If YES, please give details _____

☐ My child is at least 10 years old in this academic year

My child's bike (please tick)

☐ has two working brakes

☐ has a red reflector and orange pedal reflectors

☐ fits my child (reaching the ground with only the balls of their feet when seated on the saddle)

☐ I agree to my child receiving "on road" training and will ensure that their bike remains roadworthy throughout the course.

☐ I agree to The Bike Academy reporting my child's first name and their surname initial as well as their Year group to Oxfordshire County Council and the Department of Transport to follow the required Records of Training process.

Parent/Guardian (please print) _____

Signature _____ Date _____

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