



Registration and Consent Form

Course Name: Junior Bike Maintenance

Course Date: Friday 17th February 2017, 10am – 2pm

Location: Buttercross Scout Hut, Marlborough Lane, Witney.

For your child's own safety we ask that the following conditions are met. By signing this Consent Form you are agreeing to ensure that you/your child will conform with the following requirements.

1. Every participant must wear suitable clothing which will not be ruined if they get oil on them. Gloves will be available to wear if participants choose to.
2. Please inform us if your child is allergic to latex gloves and we will supply alternative gloves.
3. Participants are expected to attend the whole session and listen attentively.
4. Windrush Bike Project instructors cannot be held responsible for any injury, loss or damage to property, which is not caused by an Instructor's negligence.
5. If your child is taking themselves home at the end of the day please inform the instructors when you arrive.
6. Refunds policy: If you cannot attend the course you've booked, please let us know in writing at least 10 working days before the course is due to start. We can then either refund you the full course fee, or give you a place on a future course.. Please note that we cannot refund you if you cancel within 10 working days of a course's start date.
7. If for whatever reason we have to cancel the course, we'll let you know by email, and we'll either refund you the full course fee or give you a place on a future course.

To confirm your place please make a full payment of £40 per participant.

You can pay by BACS transfer sort code 089299, Account Number 65795664; or by cheque to Windrush Bike Project CIC, and post to Kath Cochrane, Windrush Bike Project, Fairspear House, Leafield, Witney, OXON. OX29 9NY. Please also send a copy of the signed consent form to the above address or email to admin@windrushbikeproject.uk



Registration and Consent Form

FULL NAME OF CHILD.....

Date of birth.....

I AGREE TO THE ABOVE REQUIREMENTS. I undertake to make the Instructors aware of any physical or medical condition that may affect my child's participation in the Bike Maintenance Course and will notify the Instructors of any medication that my child is taking in relation to that condition.

Please give details here of any conditions or limitations that we should be aware of (e.g. poor coordination or spatial awareness, limited attention span, allergy to latex gloves etc.)

.....

.....

Home phone number.....Mobile phone number.....

Emergency contact during course: Name

Emergency contact number (1).....

Emergency Number (2).....

Signed

Date.....

Please print name in full