

Registration and Parental Consent Form **go-ride**  
 Lotus Cycle Cars Cycle Race League Go-Ride Road Racing

**Participant Details:**

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ School Year: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

British Cycling Membership Number (if applicable) \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have a disability? Yes/No  
 If yes, please give details of any additional support that may be needed:

**Emergency Contact Details:**

Name: \_\_\_\_\_ Relationship to Rider: \_\_\_\_\_

Contact Telephone Number (including area code): \_\_\_\_\_

**Medical Information, e.g. Asthma:**

Please make a note below of any medical conditions you feel we need to know about.

**Which Ethnic group best describes you**

White  Mixed  Black or Black British  Chinese   
 Asian or Asian British  Other  (please state)

**Please tick ✓ all the sessions you wish to attend:**

|                           |                          |       |
|---------------------------|--------------------------|-------|
| Wed 6 <sup>th</sup> May   | <input type="checkbox"/> | £2.00 |
| Wed 13 <sup>th</sup> May  | <input type="checkbox"/> | £2.00 |
| Wed 20 <sup>th</sup> May  | <input type="checkbox"/> | £2.00 |
| Wed 3 <sup>rd</sup> June  | <input type="checkbox"/> | £2.00 |
| Wed 10 <sup>th</sup> June | <input type="checkbox"/> | £2.00 |
| Wed 17 <sup>th</sup> June | <input type="checkbox"/> | £2.00 |
| Wed 1 <sup>st</sup> July  | <input type="checkbox"/> | £2.00 |
| Wed 8 <sup>th</sup> July  | <input type="checkbox"/> | £2.00 |
| Wed 15 <sup>th</sup> July | <input type="checkbox"/> | £2.00 |
| Wed 22 <sup>nd</sup> July | <input type="checkbox"/> | £2.00 |
| <b>TOTAL (£)</b>          |                          |       |

Please make cheques payable to: LCCRL

**Send to: Kate and Steve Dunnet**  
**Yew Tree Farm, Redlingfield Road**  
**Occold, Eye**  
**Suffolk, IP23 7PG**

Please tick the box if you DO NOT want any photos of your child taken for use in future promotional work or re-production on the web site

Please list all those who will coming along to the sessions with you to ensure they have access to the site

Name .....

Name .....

Name .....

Name .....

Name .....

**Consent:** I fully consent to the above named person participating in the activities as stated and understand and agree that they do so under instruction by the coaches entirely at his/her own risk and to receive first aid or emergency treatment if the need arises. I have considered the nature of the sessions and am satisfied that my child/ child in my care (delete as appropriate) is sufficiently able to assume responsibility for his/her own safety under the supervision of the coaches.

Signed(Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_