

## **Redbridge Cycling Centre Novice Rider Coaching**

 **Redbridge  
Cycling  
Centre** **vision**  
Redbridge Culture & Leisure

For further information  
please contact Redbridge  
Cycling Centre on 0208 500  
9359 or e-mail  
[iancoles@vision-rcl.org.uk](mailto:iancoles@vision-rcl.org.uk)

**Sunday the 19<sup>th</sup> September or  
Saturday 9<sup>th</sup> October  
13:00 – 16:00**

### **Novice riding skills.**

**Fun coaching and activities for  
ages 7 – 11 years concentrating on  
basic cycling techniques such as  
braking, balance & co-ordination  
and cornering (not suitable for  
learner riders).**

**£10.00 per session.**

**Bikes are available to hire at £5.00  
per rider**

**BOOKING ESSENTIAL– places are  
limited and will only be reserved  
with receipt of completed booking  
form and payment, there will no  
registration on the day.**

**COMPLETE FORM OVERLEAF TO  
ATTEND**

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 Vision RC&L / 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 Vision RC&L / British Cycling coach. I am also aware that Vision RC&L / British Cycling may take photographs/video footage during the Go-Ride activity and give permission for them to be used in various Vision RC&L / British Cycling publicity purposes. I realise it is compulsory to wear a helmet when riding at the cycle centre and my child will agree to abide by the Redbridge Cycling Centres rules

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

**Participant Details**

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

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_\_\_

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

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

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

**Home Telephone:** \_\_\_\_\_ **Mobile telephone:** \_\_\_\_\_

**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 then please consult your GP before giving permission for your child to take part in the Go-Ride Activities.

I would like to hire a bike Yes  No

I would like to hire a helmet Yes  No

I would like my child to attend the \_\_\_\_\_ session on \_\_\_\_\_ (date) at \_\_\_\_\_ (time)

**Please complete and return this form with payment (cheques payable to Vision RCL) to:  
Redbridge Cycling Centre  
Forest Road  
Hainault  
IG6 3HP**

**Bring a snack, drinks, waterproofs, change of clothes and helmet (if you have one).**