

Consent Form

IMPORTANT – Please fill in ALL sections, even if it is repeating information already given elsewhere on the form.

All information given on this form will be treated with respect for privacy and confidentiality and data will be kept in accordance with Data Protection Act 1998 and any future UK Legislation regarding collation and storage of data. Information given will not be made available to any third party other than for emergency medical treatment purposes.

| RIDER DETAILS | | |
|------------------------------|--|------------------------|
| Full Name | | Prefers to be called - |
| Date of Birth | | |
| Home Address | | |
| Postcode | | |
| email address | | |
| | | |
| EMERGENCY CONTACT DETAILS | | |
| Contact - Name | | |
| Relationship to rider | | |
| Home Tel | | |
| Mobile Tel | | |
| | | |
| the rider's participation | rAILS have any concerns regarding on in any form of physical hasult your GP before signing | |

| Are there any medical conditions, (allergies, epilepsy, asthma, recent injuries etc) that we, or medical personnel should be aware of in case of emergency? | |
|---|--|
| Are there any disabilities or special needs which may require additional assistance of any kind? | |

| PARENT/GUARDIAN CONSENTS FOR RIDERS UNDER 18 YRS | |
|---|-----------|
| Name of person giving consents | |
| I give my consent for the above rider to attend and participate in the various BMX activities organised by or attended by Blackpool BMX Club | Sign/Date |
| I understand and agree that the rider named above is sufficiently responsible and competent to participate entirely at his/her own risk and that I have considered the nature of the sessions in giving my consent | Sign/Date |
| I understand that it is my responsibility to ensure in advance that sessions have not been cancelled for any reason and also to arrange for the rider to be collected from each session at the stated end time. School Year 7 children and younger MUST be accompanied by an adult for the duration of all sessions | Sign/Date |
| I give my consent for Club officials to take appropriate action in response to rider requiring first aid or ambulance or hospital treatment. I understand that all reasonable attempts will be made to inform the emergency contacts whose details are given above | Sign/Date |
| I give my consent for Blackpool BMX Club to use photo/video images which include the above rider for promotion of Club events, cycling/sport related magazines, the Club website etc | Sign/Date |