

Office Use Only:

First Lesson Confirmed Date: _____ Time: _____ Location: _____



Under 18 Registration Form

This Consent and Registration form is to be completed and signed by the training participant (Participant). This form must be fully completed and returned to Bike Skills so as to allow the participant to participate in the training course.

Declaration

I have carefully read this Consent Form in its entirety and agree to be bound by the terms printed on the back page of this Consent Form. I acknowledge and accept that the sport of cycling carries a degree of risk of injury. I agree to obey to all the rules, directions and decisions of my Bike Skills Instructor and Officials whilst participating in the program.

Declaration and consent of Parent/Guardian of Participant

I _____ (name of parent/guardian), the parent/legal guardian of _____ (name of participant) have read this Consent Form in its entirety and agree to the Conditions for my child's participation in the Bike Skills Program. I declare that I am authorised to accept the conditions set out in this Consent Form as the parent/legal guardian of the named participant.

I hereby authorise Bike Skills to act on my behalf should my child require medical attention, and release Bike Skills from any liability for any injury incurred by my child at cycle training programs conducted by Bike Skills.

Parent's/Guardian's Signature _____ Date _____

Please note all data collected is confidential and for evaluation purposes only.

Participant's Details:

First Name:		Surname:	
Address:			
Age:		Gender:	
Parent/Guardian Name:			
Relationship to Child:		Contact No:	
Email:		Mobile No:	
Alternative Contact Person:		Contact No:	

How did you find out about Bike Skills?

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Bike Skills website | <input type="checkbox"/> Poster, Flyer, postcard | <input type="checkbox"/> Social Media | <input type="checkbox"/> Bike Shop |
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Friends/Work colleague | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Community Groups |

When was the last time your child rode a bike? _____

How often does your child ride a bike? _____

Does your child participate in any other sport or regular activities? Please describe.

Does your child have any medical conditions or pre-existing injuries that may affect your child's ability to participate in physical activity or withstand a fall? If yes, please give details.

Representations and Warranties:

I warrant that I am in good physical condition and have no medical condition, complaint, impairment or ailment that will prevent me from participating in the Bike Skills Training Program or that will be detrimental to my health, safety or physical condition, or the health, safety or physical condition of others while participating in a Bike Skills Training Program or while at or near the Program.

Release and indemnity::

I hereby release and forever discharge Bike Skills, and their officers, directors, employees, agents and contractors and sponsors, from any and all claims, suits, demands, expenses, costs, actions and proceedings of any nature whatsoever including negligence, which I, my executors or administrators or any other person has or might assert against any of them arising from, in relation to, incidental to or by virtue of any injury, loss or damage suffered or sustained in connection with participation in the Bike Skills Cycling Training course or at any time when near the Bike Skills Cycling Training course. I hereby indemnify and hold harmless, and shall keep indemnified and held harmless, Bike Skills, their officers, directors, agents, contractors and sponsors from and against all claims, suits, demands, expenses, costs, actions and proceedings of any nature whatsoever arising from, in relation to or by virtue of: (1) Any injury, loss or damage sustained by me. (2) Any injury, loss or damage suffered by any other person as a result of any act, omission, neglect or default on my part, in connection with my participation in the Bike Skills Cycling Training course at any time when I am near the Bike Skills Cycling Training course. I agree to wear an Australian Standards approved cycling helmet whilst riding a bike at all times during this period. I agree that I am responsible for my personal accident insurance, ambulance cover and any medical costs not covered by Bike Skills' insurance.