



MERTON BMX CLUB DISCLAIMER FORM

Personal Details of Individual

Name:	Address:
DOB:	
Email:	
Tel / Mobile:	Postcode:

Sex: M F

Disability Information

The Disability Discrimination Act 1995 defines a disabled as anyone with, 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

--

Medical Information

Please detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, diabetes, asthma, a recent injury, etc).

--

Medical condition(s) and recommended treatment/actions to be taken if symptoms appear:

--

If you have any concerns about participating in any form of physical activity then please consult your GP before taking part in cycling activity sessions.

Emergency Contact Details

Please indicate below the person who should be contacted in case of an incident/accident

Contact Name:	Relationship to Person:
Home:	Mobile



MERTON BMX CLUB DISCLAIMER FORM

Notes:

1. It is part of the Merton BMX Club code of Conduct to ensure that reasonable steps are taken to establish a safe environment where young people can enjoy developing their cycling skills.
2. It is the young person's responsibility to participate in cycling activities in a sporting manner.
3. Any riders / parent who persistently misbehave or put others in danger will be asked to leave the session.
4. It is the rider, parents/carers responsibility to ensure that the member's bike is in a safe condition to ride.
5. A correctly fitting cycling helmet must be worn at all times during the cycling activity sessions.
6. Any disputes in the club must be dealt with in the correct manner.

My child and I have read, understood and agreed to follow the Merton Saints Code of Conducts by signing below:

Parent:

Child:

Parental Consent (All riders under 18 years of age)

I, being the parent/carer of have read the information contained on this form and hereby consent to him/her taking part in the cycling activity session and understand and agree that he/she participates in cycling activities sessions under the instruction of British Cycling qualified coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume full and entire responsibility for his / her own safety under the supervision of a British Cycling qualified coach. I confirm that he/she does not have any disability or medical condition that could affect his/her ability to participate safely in cycling activity sessions.

Name of Parent / carer

Signature of Parent / Carer

Date:

Over 18 please sign below:

Name of member:

Signature of Member:

Date: