

PLEASE FILL OUT THIS CONSENT FORM & RETURN TO Miss Foulds by Friday the 18th of September.

Student Name: _____ Class _____

☐ I DO NOT give my child permission to participate in Bike Ed

OR **Please tick each box to give your consent**

☐ I GIVE permission for my child to participate in Bike Ed.

☐ I give permission for my child to be supervised during this time by Miss Foulds and the Bike Skills team.

☐ I **WILL** ensure my child is prepared for the session with a helmet, correct footwear and a bicycle.

Bikes

☐ If my child does not own a bike, I give permission for them to use another students for the session

OR

☐ I give permission for other students to borrow my child's bike.

Parent Name _____ Contact Number: _____

Signed : _____ (parent /guardian) Date: _____