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# ***Charity Cycle Ride Sponsorship Form***

To be completed by parent or carer

Child/rens Surname:.....

Forenames:.....

Date of birth:.....Age:.....

Address:.....  
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Postcode:.....Tel:.....

Does your child have any medical information condition or special needs that Instructors/Stewards should be aware of?

**YES/NO**

If so please state.....  
.....

I agree to my child/ren taking part in the above event/training programme.

Signature:.....

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