****

Childs name :……………………………………………..

Date of Birth :…..…………………………………….......................................................

Class :………………………………………......................................................

Does your child have special educational, behavioural, medical or physical needs? (If yes, please give details)

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

\*\*\* A balance bike is a cycle without pedals or stabilizers used to practice…balance! ☺\*\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| **My child is…****(please circle one)** | Unable to ride a balance bike | Can ride a balance bike confidently (and balance **without** feet on the ground) | Can ride a pedal bike ***without*** stabalizers |

Is your child able to bring their helmet to school on the day of training if required ………..YES/NO

I consent to my child receiving cycle training

Signed ………………………. Date ……………………………...

Print Name and relation to child……………………………………………………………..