

Appendix B - Consent from youth cyclists travelling to an event requiring an overnight stay

Event: _____ Date: _____

Venue: _____

Accommodation address: _____

Tel no.: _____ Email Address: _____

Person in Charge: _____

Tel No (home): _____ Tel No (event): _____

Name of participant: _____

Address: _____

Date of birth: _____ Cycling Ireland Lic. No: _____

Medical Conditions/Medicines/Dietary Requirements

Name of Parent / Guardian: _____

Address: _____

Tel No: _____ Mobile Tel No: _____

Parent / Guardian of Participant

I have read and accept the conditions and rules set down by Cycling Ireland for children travelling to competitions and events and also the Parents' Code of Behaviour.

Signature of Parent / Guardian: _____

Date: _____

Youth Participant

I have read and accept the conditions and rules set down by Cycling Ireland for young people travelling to competitions and events and also the Code of Behaviour for Young/Vulnerable Cyclists. I agree to abide by the rules.

Signature: _____ Date: _____

Retain the original and give a photocopy to the parent/guardian of the participant