



TERMS AND CONDITIONS:-

1. All PROVISIONAL bookings must be confirmed within 7 days of being made with a payment for 50% of the total cost or it will be cancelled.
2. Should the booking subsequently be cancelled or any child withdraw prior to 21 days of commencement of the course, then they will be entitled to a full refund.
3. However if the cancellation/withdrawal is received between 14 - 21 days of commencement of the course, only a 50% refund will be given due to costs already incurred.
4. If the cancellation/withdrawal is received less than 14 days prior to the commencement of the course, no refund will be given, other than in extenuating circumstances and at the discretion of Road Safety & Cycle Training.
5. The balance of payment must be made to the instructor by the commencement of the course, otherwise the course will not go ahead.
6. Neither will the course go ahead if the permission slips have not been completed and duly returned to the instructor prior to commencement of the course, as without it the insurance cover is rendered invalid.
7. It is the responsibility of the parents to ensure that all bikes are roadworthy and if they are not, then that student will not be allowed to continue with the course until the faults have been rectified.
8. It is also the responsibility of the parents and/or the school to advise me of any medical conditions or learning disabilities that might require the student to be given special attention
9. If any student misses more than one session as a result of a faulty bike then they will forfeit their fee and not be allowed to continue.
10. The only exception is if it is for another reason – for example, due to illness for which certification will be required, in which case they may join a subsequent course when they are fully recovered, without any further payments being made.
11. All students should wear helmets which are of an appropriate size and correctly worn as per the information on the permission slips. If however they refuse to do so, then Road Safety & Cycle Training accept no responsibility whatsoever for their actions, in the event of an accident and shall deem themselves to have been indemnified by any parent not insisting their child does so.
12. All students should also wear appropriate clothing and in the event of the weather forecast predicting rain or a cold snap, then they should also have spare clothes to change into and/or additional warm clothing to put on before going outside, including such items as gloves.



13. The Group Leader/Head Teacher is obliged to provide a second adult to accompany the instructor so the ratio is maximum 4: 1 with a maximum of 8 children per group.
14. If any of the students have learning difficulties or need special attention because of a disability which does not preclude them from participating, then a further adult would be required to accompany the group, for example a student with impaired hearing.
15. Failing that, then the group will be limited to a maximum of 6 students with an additional adult to the instructor.
16. All students and volunteers will wear tabards which will be provided for them by Road Safety & Cycle Training.
17. A homework will be set and must, over the period of the course, be completed for the student to gain their certificate at the end of the course. Parental involvement is encouraged, especially if a child is dyslexic as one does not ride a bike reading a book or alternatively if that child seeks out the instructor, they will go through the paper with them verbally after the appropriate lesson. Failure to do so will result in the course not being completed, therefore no certificate will be issued nor any refund given.
18. There are no passes or fails, there is continuous monitoring and the certificates awarded at the end of the course will be to confirm participation of the course however, it will also be accompanied by a report on the student's ability and DOES NOT entitle nor endorse the student riding on the roads without further parental assessment and consent.
19. Two copies of this should be printed; one for retention by the interested parties/group leader/head teacher and one to be signed by that same responsible party to be returned to Road Safety & Cycle Training, to confirm that the terms and conditions have been read and will be communicated together with the permission slips, to the parents of the candidates for cycle training at ALL levels at National Standards.

I HAVE READ THE ABOVE AND ACCEPT THE TERMS AND CONDITIONS AS LAID OUT ABOVE.

Signed: -

Position held: -

Address of establishment organising training (or establishment stamp):-



To be filled in, signed and returned

Location (Holiday course/School course)

National Standards Level 1 / 2 / 3 (Levels 2 & 3 are on road training)

DATES

I AGREE TO MY SON/DAUGHTER [NAME]taking part in the above cyclist training course and have read the information supplied.

MEDICAL INFORMATION

Does your son/daughter suffer from any condition requiring medical treatment, including medication?

YES[Please specify]/NO[Delete as applicable]

.....

Is your son/daughter allergic to any medication?

YES[Please specify]/NO

.....

DOES YOUR SON/DAUGHTER HAVE ANY SPECIAL NEEDS? If YES, please give details

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THIS SHOULD INCLUDE ANY LEARNING DIFFICULTIES, AS THERE IS SOME THEORY WORK, YET CHILDREN DO NOT RIDE BIKES WHILST READING FROM A MANUAL, SO WE ARE PREPARED TO GIVE EXTRA TIME TO THOSE WHO NEED THAT LITTLE EXTRA HELP, SO WE CAN TALK THE THEORY THROUGH AND BE SURE OF THEIR UNDERSTANDING OF IT.

I undertake to inform the Group Leader/Head Teacher as soon as possible of any changes in the medical circumstances of my child.

Declaration by parent/guardian

NAME:

By downloading this form and returning the consent form duly signed and dated I confirm my agreement to the Terms & Conditions herein and for my son/daughter's participation in the activities described also for photographs of the course to be taken within the bounds of the Child Protection Act for use by RSCT and their sponsors. I also acknowledge the need for responsible behaviour on his/her part.

Further I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the authorities present. I understand the extent and limitations of the insurance cover provided. I may be contacted on the following numbers:

Work:Home/Mobile:

My Home address is:

Name, address and telephone number of family doctor:

.....

Signed:

NAME (In Capitals if different from above): Date:

PLEASE ALSO INDICATE if you are happy to help and/or act as a chaperon for the duration of the course.

