



Parental Consent & Data Protection Notice

It is necessary to obtain consent for your child to take part in Sulis Scorpions Youth Cycling Alliance (SSYCA) Activities. If you wish for your son/daughter to participate in SSYCA activities, then please read the following information and sign the Parental Consent Notice.

Riders Name:

1. I understand that it is a condition of membership to ensure the Sulis Scorpion (SSYCA) database is kept up to date with our emergency contact details and any rider medical conditions. NOTE: If you have any concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in the SSYCA Activities
2. I understand I should remain at the circuit for the duration of my child's session, and that I should be contactable on the emergency phone number listed on the SSYCA database.
3. I understand that the data I provide for the SSYCA database will be stored securely and be used solely by the club.
4. We have read and will abide by the Sulis Scorpions Parent and Rider Codes of Conduct.
5. I understand that SSYCA is only responsible for the safety of riders within the Odd Down Cycle Circuit for the duration of their session. It is my responsibility to collect my child from the main circuit gate promptly at the designated time.
6. I consent that if I do not remain at the circuit, my child may be released unaccompanied from a training session to use the public toilets in the Odd down Pavilion.
7. I understand and agree that my child participates in coaching sessions under the instruction of British Cycling coaches and competitive events entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with my child. I am satisfied that my child is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a British Cycling coach.
8. I agree to First Aid being administered to my child if deemed necessary.
9. I consent to photographs/videos being taken and used for SSYCA literature, website or for training purposes.

I have read the information contained on this form and declare that I have the right to give parental consent, and hereby consent to my child taking part in SSYCA activities.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: