



Under 18 Parental Consent Form
for 50km ride

Eden Valley Hospice



Cumbria's Children's Hospice

PLEASE PRINT AND BRING WITH YOU ON THE DAY FOR CHILDREN - UNDER 18s

Eden Valley Group of Cycling UK Challenge Rides

In aid of Eden Valley Hospice Sunday 15th September 2024

Name of child

Date of Birth

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Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

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If yes, does your child have the necessary medication on their person? Yes No

Name of parent/guardian

Relationship

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Address

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Mobile	Email
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I consent for the children named to participate in the event listed and fully understand the conditions of the event:

- Only participants aged 14 and over can take part in Eden Valley Cycle Challenge
- Participants under the age of 18 must have a parental consent form signed by a parent/guardian
- Parent/guardian is aware of the demands of this event and that they alone make the decision about the ability of their child to complete the event
- Parent/guardian is aware that while the Eden Valley Cycling Group extends an invite to those aged 14 to 18 and all abilities, no special provision for children is provided at this event
- Arrangements to get to and from this event are the responsibility of the parent/guardian
- I confirm to the best of my knowledge that said child doesn't have any medical conditions/allergies or has the necessary medication for their medical condition/allergies

Please turn over to include up to 4 children on this parental consent form:

Signed _____ Date _____

(parent/guardian over 18)



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Name of child 2

Date of Birth

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Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

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If yes, does your child have the necessary medication on their person? Yes No

Name of child 3

Date of Birth

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Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

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If yes, does your child have the necessary medication on their person? Yes No

Name of child 4

Date of Birth

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Does your child suffer from any medical conditions/allergies? Yes No

If yes, please provide details of medical condition, medicine and allergies

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If yes, does your child have the necessary medication on their person? Yes No