

Dear Parent/Guardian

NSCT 3



**LCC Safe & Healthy Travel  
Bikeability Cyclist Training Course**

A practical cycle training course has been organised at your child's school to take place as follows:

Session	Date	Time
<b>Bike Check</b>	24-May-2019	10:00
<b>Session 1</b>	06-Jun-2019	09:00
<b>Session 2</b>	07-Jun-2019	09:00

The aim of the course is to make children more aware of the responsibilities associated with owning a bicycle and to develop the necessary skills required to deal with certain traffic situations.

In order for your child to participate in the course they must:

- Have a roadworthy bicycle of a suitable size
- Have a correctly fitting helmet (conforming to current European safety standards)
- Present their bicycle for the bike check session
- Return a completed Bikeability Consent Form (see enclosed)

The training will include **riding on local public roads** and all cyclists will be provided with high visibility jackets. This is a practical training course and assessment is continuous.

Please ensure your child has appropriate clothing for any kind of weather or even a spare set, we cannot predict the weather.

If you would like your child to attend this training course please complete the enclosed consent form and return it to the school as soon as possible.

Yours sincerely

Head Teacher

**LCC Safe & Healthy Travel  
NSCT 3  
Bikeability Consent Form**

- I understand that training will take place on local public roads.
- I will undertake to ensure that my child wears an approved cycle helmet on the course.
- I have checked my child's cycle and it is of a satisfactory safe road worthy condition, including pumped up tyres.
- I accept the responsibility of my child's safety travelling to and from the course venue.
- I understand that cycle training can be physically demanding. I have made the necessary provision for any special requirement my child may have that may give rise for concern, e.g. epilepsy, asthma, diabetes or any other special requirements he/she may have. Please describe any conditions or treatments below.

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**I, being the parent/guardian of: -**

<b>Name</b>		<b>Age</b>	
<b>Class</b>		<b>School</b>	
<b>give permission for my child to attend the cycle training course.</b>			
<b>Medical conditions or special requirements, e.g. inhalers</b>          			
<b>Name</b>		<b>Relationship to child</b>	
<b>Signature</b>		<b>Date</b>	

**Please return this form to the school as soon as possible.**