



## ANGLIAN DISTANCE RIDERS

### PARENTAL CONSENT FORM

To be completed by the parent/guardian of each young person (YP) under 18 attending a ride run on behalf of Anglian Distance Riders.

Ride: \_\_\_\_\_ Date of Ride: \_\_\_\_\_

Name of Young Person: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ YP Mobile No: \_\_\_\_\_

Any special needs/disabilities:

Doctors name: \_\_\_\_\_ NHS Card No: \_\_\_\_\_

**Additional details:** (any information, given in confidence, of which the organisers should be aware – specific dietary requirements, details of any medication, allergies including reaction to medication. Include religion, if applicable to medical treatment.)

Any other information of which the Ride Organiser should be aware:

Declaration:

I have read the ride information relating to this ride and consent to my child taking part. I consent to my child receiving any medical or dental treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

**If applicable** (delete if not): In my view, my child is capable of riding the stated distance without an escort and is competent to deal with any difficulties which may arise.

**If applicable** (delete if not): My child is taking part in a multi-day event and I am/not accompanying him/her. I consent to my child staying overnight with:

Name of accompanying adult: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Parent/Guardian Emergency contact no: \_\_\_\_\_

Signed (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

This form should be put in a sealed envelope with the YP's name and kept by the Ride Organiser for the duration of the ride.