



Children's Cycle Training Courses

Please return forms to:
For the attention of:
Stuart Duncan

Road Safety
Room 335
222 Upper Street
London
N1 1YA
T 020 7527 2242
F 020 7527 2145
E stuart.duncan@islington.gov.uk
W www.islington.gov.uk

Parent / Guardian Details

| | | | |
|------------------------------|--|-----------------|--|
| First Name | | Surname | |
| Address 1 | | | |
| Address 2 | | Postcode | |
| Emergency Contact No. | | Email | |

Child's Details

| | | | |
|----------------------|--|---------------------|--|
| First Name | | Surname | |
| Date of Birth | | Course Dates | |

| | | | |
|----------------------|--|---------------------|--|
| First Name | | Surname | |
| Date of Birth | | Course Dates | |

Please indicate in the box below if your child has any additional needs or medical conditions

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I give permission for my child to take part in cycle training courses on and off road (dependent on chosen course). I will ensure that his/her bicycle is in a roadworthy condition. I give permission for my child to have his/her photo taken and understand that these photos may be used to promote Safe Cycling Courses and sustainable travel in press or other Council publications.

Please tick to confirm you have read and agree to the above

