



29 January 2020

Dear Parent/Guardian

Bikeability Training

Your child has shown an interest in taking part in the nationally accredited Bikeability scheme running at their school.

The course will consist of one and a half days training during school time.

The first session (Level 1) will be in the playground where they will learn the basic skills that will allow them to progress to Level 2.

The second session (Level 2) will take place out on the road. When out on the road they will learn road safety, the basic road rules and manoeuvres including signalling and turning.

For your child to get the best out of this course they would benefit from getting some practice on a bicycle before the training starts at their school. Bikeability has a handy website which contains lots of useful information on the training programme:
www.dft.gov.uk/bikeability

In order to take part in the course, your child will need:

A roadworthy bicycle with **two** working brakes.

Please check the tyres are inflated, the seat is at the correct height and the bicycle fits them.

A properly fitting helmet – (a full face helmet is not advisable as it can make hearing instructions difficult).

In addition please ensure your child is adequately equipped for whatever the weather that day:

A suitable wind/waterproof jacket or coat and gloves

Waterproof trousers (advisable)

A change of clothes

Sun cream

Water bottle

A consent form is attached to this letter, please complete and return to your child's school.

Your child will need to take care bringing their bike to school, we advise them not to be ridden to school until they have completed their Bikeability training.

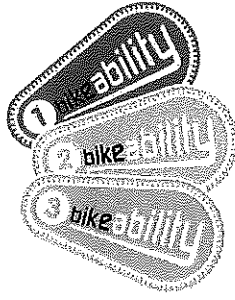
All paperwork, parental consent letters, certificates, insurance and finances are all taken care of by us.

If you have any problems, please do not hesitate to contact Dan Lugg at the Peninsula Sports Partnership Office on 01326 372379 or Mark Trebilcock (Instructor) on 07503 211815.

Yours sincerely,

Mark Trebilcock

Peninsula School Sport Partnership



Parental Consent Form/Safety on Educational Visits

Data Protection act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or Local Education Authority, without your written consent.

1. Details of Visit to..... HALWIN SCHOOL
 From: (date/time)..... TUES 11 FEB (9.40 am)..... To: WED 12 FEB (12.15 pm)
2. Name of participant:.....
3. Address:.....
 Tel No:.....
4. Age:.....
5. Emergency address and/telephone (if different from above)

6. Personal Information: please give details requested below or personal information which might be relevant.
 A. Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks? Yes No
 If yes please give details.....
 B. Does he/she suffer from any allergies, diabetes, migraine, epilepsy, bad period pains, sleepwalking, bed wetting or any other illness or disability? Yes No If yes please give details.....
 C. Is he/she allergic to anything to anything (e.g. antibiotics, elastoplasts, aspirin or any such medicines, any particular food/drink)? Yes No If yes, please give details.....
 D. Is he/she actively sensitive to penicillin? Yes No If yes, please give details.....
 E. Is he/she receiving any medical treatment at present? Yes No If yes, please give details.....
 F. Date of last anti-tetanus injection:.....
 G. Does he/she have any special dietary needs?.....
 H. Can he/she swim 50 metres? Yes No
 I. Name & address of own Doctor:.....Tel No.....
7. Insurance: Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by Cornwall County Council insurance in the event of negligence by one of its employees or agents. Details are available on request.
8. PARENTAL CONSENT:
 (i) I have read the information provided and agree to my son/daughter taking part in the above activities.
 (ii) I acknowledge the need for him/her to behave responsibly at all times.
 (iii) I understand that the staff responsible for the activities will take all reasonable care of participants.
 (iv) I consent to any emergency treatment if necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
 (v) I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LEA guidance.
 Signature: Print:
9. Please return this form, together with any deposit or payment required.
10. A copy of this form may be returned to parent/guardian by the school once received after signature, should it be required.