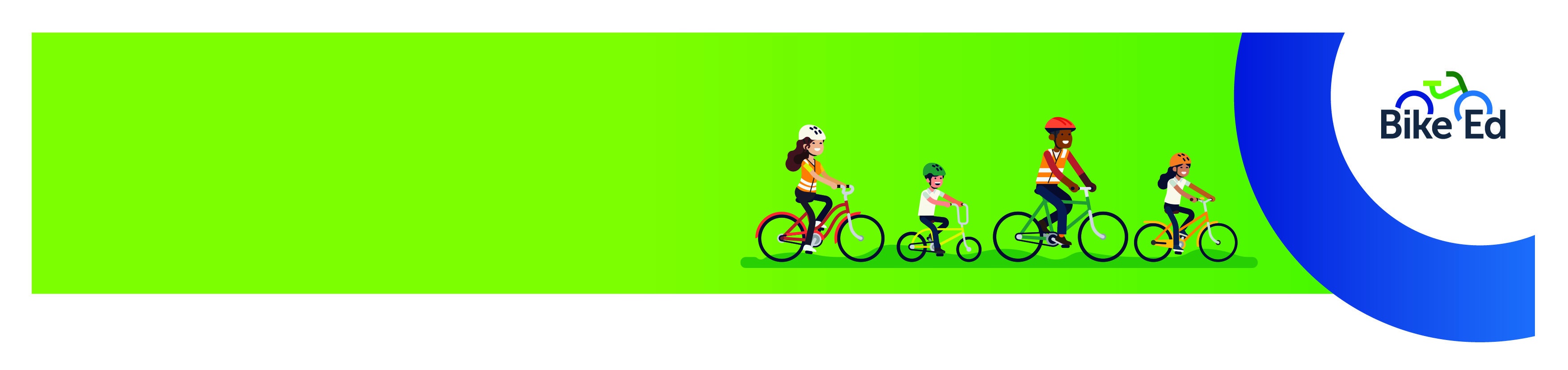
Dear parents and guardians.

Bike Ed group rides

Permission form

Our class is currently conducting the Bike Ed program to help the students further develop their bike riding and road safety skills and behaviours. The program focuses on developing core cycling skills and safe behaviours, growing confidence on the bike and developing transferable road safety skills. Finally, the class will gain experience riding outside the school grounds under the supervision of qualified teachers and accredited Bike Ed instructors.

The group rides outside the school will take place on (DATE/s).

Learning to ride outside the school is an essential part of the program. Children will and do ride their bikes in these environments and need to learn how to do so safely and responsibly. The group ride will take place on carefully selected routes with low traffic volumes and speed. The ride will be closely supervised by trained instructors, teachers and volunteers. A map showing the routes to be used is attached.

Please complete the form below to indicate your approval of and permission for your child to participate in the out-of-school activities of the Bike Ed program.

Yours sincerely

Name

Position

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My child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Year \_\_\_\_\_\_\_, has permission to participate in the Bike Ed program out-of-school riding activities conducted as part of the curriculum of (SCHOOL NAME).

If my child is injured and I cannot be contacted, I authorise the teacher in charge to consent to my child receiving such medical and surgical treatment as may be deemed necessary.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Contact number: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_