

# BREAKS MANOR YOUTH CENTRE

Link Drive, Hatfield, Hertfordshire AL10 8TP

Telephone: 01707 263201

Dear

RE: MOTORCYCLE PROJECT

Your son/daughter has expressed an interest in joining the above project.

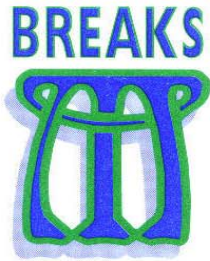
The aim of the project is to enable young people to learn how to ride Motorcycles and Quad bikes safely and skilfully, and develop maintenance and repair skills within our workshop. There is also an opportunity for young people to experience the thrill and excitement riding 'off road' on grass and rugged terrain.

As you can appreciate however, there is an element of risk to this activity both in the riding and in the workshop. Whilst every effort is made on the part of our staff, who are experienced riders and workshop practitioners to ensure safety, accidents can occur. It is therefore very important to us that parents and guardians are fully aware of this prior to the signing of the permission slip.

If you require further information before signing please contact myself.

Yours faithfully

Barry Clark  
Head of Centre



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## PARENTAL CONSENT FORM – MOTORCYCLE PROJECT

I give permission for.....(name of young person) to participate in the Motorcycle Project and having read the information agree to him/her taking part in the activities as follows:-

Riding.....(please sign)

Quad Bike.....(please sign)

Motorcycle maintenance/repair.....(please sign)

Off Road biking.....(please sign)

Date of Birth of young person.....

Signature.....(Parent/Guardian) Date.....

Address.....

.....Post Code.....

Telephone Number.....

### Medical information (please tick appropriate box and fill in details)

My child does not suffer from any pre-existing medical condition requiring treatment

My child suffers from.....which may affect His/her taking part in the activity

Know allergies to drugs or other medication e.g. penicillin and plasters.....

.....

I consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the activity.

Date of last immunisation against tetanus.....

Signature of Parent/Guardian.....Date.....