**Learn to Cycle Course for Individuals with a Disability**

Dear Parents/Guardians,

Our group is offering a Learn to Cycle Course for Individuals with a Disability run by [INSERT PROVIDER NAME].

The course is aligned to **CYCLE RIGHT**, the National Standard for Cycle Training in Ireland, and is delivered by a qualified trainer.

The benefits of cycling are well known: independence and mobility; overall fitness; a way to control weight; promoting physical health; promoting mental health; countering the onset of other health conditions such as diabetes.

**Particular benefits of independent cycling for individuals with a disability include:**empowerment and increased independence; benefit for the family unit by oﬀering an activity that all the family can potentially engage in together, regardless of age or additional needs; improvement in gross motor skills; improvement in balance and co-ordination.

**Additional benefits of activity for individuals with a disability include:**access to exercise in a low-impact, less-stressed way; increased self-confidence; increased self-esteem; sense of accomplishment; development of social skills; opportunity for friendship and social interaction;

The course will consist of [???] sessions with participants. Topics covered will include: bike fit, getting on and off the bike, starting to move, striding, gliding, starting and cycling independently, and basic cornering.

As it is essential to learners to have the opportunity for practice between sessions to facilitate optimal development of the core bike handling skills needed for cycling independently, each learner must be accompanied by someone who will assist them, and who will play a very active role, both during and between sessions.

The cost of the course, which will be supported by the Department of Transport, Tourism and Sport, will be €[INSERT AMOUNT] per participant.

Visit [www.cycleright.ie](http://www.cycleright.ie) to find a range of resources and films to support participants during the course and when training is completed.

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| ENROLMENT IN LEARN TO CYCLE PROGRAMME | | |
| **GROUP: ORGANISER:** | | |
| **NAME:** | | |
| **SIGNATURE:** | **GENDER:** Male [ ] Female [ ] | |
| **CURRENT CYCLING ABILITY:** Non-Cyclist 🞏 Nervous 🞏 Good 🞏 Very Good 🞏 | | |
| **PLEASE CONFIRM PARTICIPANT’S BIKE IS IN FULL WORKING ORDER INCLUDING BRAKES/TYRES etc. [ ]** | | |
| **PERMISSION FOR PARTICIPANT TO APPEAR IN GROUP TRAINING PHOTOGRAPHS WHICH MAY APPEAR ON THE CYCLE RIGHT, ORGANISER OR TRAINER WEBSITES WITHOUT INDIVIDUAL IDENTIFICATION YES [ ] NO [ ]** | | |
| **MEDICAL:**  Please detail below any important medical information that Trainers should be aware of (e.g. epilepsy, asthma, diabetes, food allergies, necessary medications etc.)  **SPECIAL CONSIDERATIONS DURING TRAINING:**  Please detail below any particulars (individual won’t wear helmet, individual’s grasp with one hand is weaker etc.) | |
|  |  | |
| EMERGENCY CONTACT DETAILS: | | |
| Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.  **Contact Name: Emergency Contact Number:** | | |
| PARENT OR GUARDIAN CONTACT DETAILS:  \*Please get a parent or guardian to sign below: | | |
| **Name:** | **Contact Number:** | |
| **Signed:** | **Date:** | |

**PLEASE NOTE:** This permission form, and the information contained within it, will remain with the course organiser.