

Remuera Intermediate Cycling Information 2024

Student Name: _____

Year: _____ Room: _____ D.O.B. _____

Parents/caregivers full names;

1. _____

Mobile: _____ Email _____

2. _____

Mobile: _____ Email _____

How many years of cycling experience? _____

Does your child have any previous racing experience? If yes, please give details below.

It is expected that parents will attend cycling training and competitions, taking full responsibility for their child/children. Remuera Intermediate will take no responsibility for supervision and safety during these events.

It is understood these events will be paid for by parents and NOT by the school, although cyclists have to be entered under our school name.

I am happy for the parent-in-charge of RI's cycling club to receive my email address for future cycling correspondence.

Signed by _____ (Parent)

_____ (Print name)

*Please return completed form to Mr Symons in the Multi Materials Room or scan and email to tomsy@remint.school.nz