

ONE TO ONE BOOKING FORM

Name of Student:	
Date of Birth: Age: Heig	ht:
Address:	
Telephone No: Email Address:	
Please answer the following:	
1 Is the student able to balance on two wheels unaided?	YES/NO
2 Does the student suffer from hearing difficulties?	YES/NO
3 Does the student suffer from Asthma?	YES/NO
4 Does the student suffer from any other form of disability	YES/NO
that may affect his/her ability to ride a motorcycle, includi ADHD/Autism?	ng
5 Any experience of riding an on or off road motorcycle?	YES/NO
If you have answered YES to questions, 2, 3, 4 or 5 above please plinformation overleaf.	rovide additional
Day and Date of lesson Time of less	on
I have read the CYR website which provides full information about can be a hazardous sport and may involve serious injury. This ris signing and sending of this booking form. Also please see GDPR r	k is accepted on the
Signed: (signature of a parent/guardian is required for all students under a	18 years).
Date:	
Payment must be made in full by BACS as per our email confirming this	booking.
Cancellation Policy: A refund will be given to cancellations received, in w the month proceeding the month of the date of your one to one lesson. Pl charge will be made for all lessons cancelled.	

<u>GDPR</u>

By completing this form, you are giving permission for the above data to be held securely by Chiltern Young Riders, for as long as you continue to visit and for a period of up to one year thereafter. The legitimate basis for holding this data is the safeguarding of the relevant person. Please email should you wish to access your information.