

Participation Form

Galway Cycle Bus



Participation Form

I, _____, would like my child to participate in the Galway Cycle Bus program .

The cycle bus will commence at 8.10 every day (weather permitting) and arrive at approximately 8.25 at Knocknacarra National School and at 08.30 at Gaelscoil Mhic Amhlaigh. The cycle bus will be marshalled by vetted volunteers from the community, in addition to parents who may wish to join in.

I understand that the Cyclebus will use public roads, cycle paths and footpaths to guarantee the safest and most suitable route to school.

I acknowledge that my child's bike is in good mechanical condition, and that their helmet, if used, is properly fitted. My child has the ability to lock their bike in the bike parking area.

I agree to accompany my child by bike if they are in Junior/ Senior Infants or 1st/2nd class along the entire route.

Childs Name: _____ School: _____ Class: _____

Parents mobile number: _____

Signed: _____ Date: _____