



Pedal Power: "Driver Education" on your Bicycle!

www.bicicentro.org/youth

Forms to be filled out and signed by **PARENT/GUARDIAN**

Youth Name: _____ **Date of birth:** _____

Sex: _____ School attending: _____ Current grade: _____

Allergies or Medications: _____

(If a student has an asthma inhaler, s/he must bring it to each class in order to ride)

Physical limitations: _____ Height: (for bike size): _____

Physician's Name: _____ Phone: _____

Name of Parent/Guardian _____

Street Address _____

City, State and Zip _____

Phone (_____) _____ E-mail _____

In case of Emergency: Phone: _____

Relationship to participant: _____

Primary language: English _____ Spanish _____ Other: _____

Health Insurance Company: _____ (if not insured, please leave blank)

Policy #: _____ ID#: _____

Non-refundable registration fee: \$20

IMPORTANT:

On Day 1, bring a helmet and a bike **in working condition** (go over bicycle safety list before the first day of class). Registered participants who don't have a bike can earn a refurbished one at the completion of the course. **Attendance is required at all classes for all participants.** Register early, space is limited.

At week 2 or 3, participants will be tested on riding exercises and rules of the road on campus. **Riders who don't demonstrate safe riding skills will NOT join group rides on the streets until instructor's approval.**

If your child doesn't know how to ride, please call Christine: 805 699 6301

My child will use his/her own bike in working condition: YES NO (please circle)
My child will borrow and earn a refurbished bike: YES NO (please circle)

VIDEO-PHOTO RELEASE

I understand that teachers (or volunteer professional photographers) may take pictures and videos of my child during the program. At times, photographers and camera operators from the news media may also take images of my child. I agree that photographs of my child, including video photography, may be used without charge by the Santa Barbara Bicycle Coalition/Bici Centro, producers, sponsors, organizers in order to publicize the program on the website, in the media, in our newsletter and various other materials that exhibit the success of the program.

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal parent, do hereby give my permission to the physician or hospital, selected by the bearer of this letter, to order x-rays, routine tests and treatment for the health of my child in the event that I cannot be reached in an emergency. Also, I hereby give my permission to the physician or hospital selected by the bearer of this letter, to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child, in the event that I cannot be reached in a medical emergency. I understand that all effort shall be made to contact me prior to rendering treatment to my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses.

RELEASE FROM LIABILITY: HELMETS ARE REQUIRED.

I understand that classes will meet for **6 weeks after school** (18 hours of instruction) and attendance is **required at all classes**. I am aware of the risk of walking and bicycling off campus and otherwise participating in this event and voluntarily assume such risk. In consideration of being permitted to participate in this event: 1. I release for myself, my heirs, and personal representatives, the League of American Bicyclists, Inc., and the respective Bici Centro directors, officers, volunteers, instructors, and staff (Indemnities) from any claim, liability, demand, action, and cause of action whatsoever (collectively, "Claim") arising out of or related to any loss, damage or injury (collectively, "Loss"), to myself or my property, that I may sustain in connection with, or arising out of, this event; 2. If registrant is a minor, I (as parent or guardian) agree to indemnify and hold harmless each Indemnities against any claim for any Loss said minor may sustain in connection with or arising out of, this event, and against legal or other expenses incurred by any Indemnity in connection with defending any Claim by or on behalf of said minor for any such Loss; 3. I consent to emergency medical treatment for my child if he/she is injured; 4. I shall instruct my child to obey traffic laws and practice safety in bicycling; and 5. I shall instruct my child to wear a CPSC approved helmet on all bike riding activities at this event.

I have read, understand and approve the **REGISTRATION FEE, EARN A BIKE POLICIES & SCHEDULE OF THE PROGRAM, VIDEO-PHOTO RELEASE, AUTHORIZATION TO TREAT A MINOR and the RELEASE FROM LIABILITY.**

Parent/Guardian Signature

Date

Reminder: Bike repair and group riding can be dangerous activities and there is no tolerance for poor behavior in the program. Students who must miss a class need to talk to their instructor beforehand.

Contact: Christine Bourgeois edu@sbbike.org 805 699 6301

Bici Centro: 805 617 3255 www.bicicentro.org

Note: This release will be carried by ride leaders at all times.