



## Cycling Camp

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

**Location:** \_\_\_\_\_ **School attended:** \_\_\_\_\_

**Youth Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **How did you hear about the camp?** \_\_\_\_\_

**Allergies or Medications:** \_\_\_\_\_  
(If a student has an asthma inhaler, s/he must bring it to each class in order to ride)

**Physical limitations:** \_\_\_\_\_

**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#:** \_\_\_\_\_

Each day of camp, s/he will need:

1. An appropriately sized bike in **safe working condition with front and rear brakes** (please go over bicycle safety list before the first day of class)
2. An appropriately sized CPSC approved helmet in good condition

**Non-refundable registration fee: Cash/ check made to SBBIKE or online with Credit card.**

**Registration is not complete without payment. Scholarship available.**

**If your child doesn't know how to ride, contact: 805 699 6301 or edu@sbbike.org**

### **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.

**YES**

**NO**

**(please circle)**

### **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 am aware of the risk of bicycling 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, 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.

**Sign-in and out by a parent/guardian is mandatory for each day of camp or contact [edu@sbbike.org](mailto:edu@sbbike.org) to make arrangement.**