

Bike Camp 2015 Application

Welcome to our summer youth program!



A note from the director

Welcome to Bike Camp! This program has been a dream of our education department for a long time, so we are thrilled to offer a full summer day camp for the first time this July.

Working with youth to improve their bicycling skills is a deeply meaningful part of WABA's mission. But Bike Camp is more than biking — it's about team building, fun, and civic engagement, and the multidisciplinary nature of the camp will get our students thinking about mechanics, engineering, city planning, and environmentalism.

Please don't hesitate to contact me with any questions. We look forward to working with your child this summer.

Sincerely,

Daniel Hoagland

Bike Camp Director and WABA Education Coordinator

In this packet you will find:

- Bike Camp Application & Health Care Record Form (REQUIRED for registration. Includes liability release, contact information, and healthcare information)
- Bicycle Inspection Form (If your child will ride their own bicycle during camp, this form must be completed by a qualified mechanic and returned to WABA PRIOR to the beginning of the session)

Registration process*

1. Print a copy of the Bike Camp Application & Health Care Record Form.
2. Fill out all required information.
3. Scan and email the completed version of the form to education@waba.org or deliver it in person to 2599 Ontario Road. NW, Washington, DC 20009. Applications are due no later than Friday, May 29, at 5 p.m.
4. After we process your application, we will send you a link to complete your payment and registration online.
5. After completing your registration, send your completed Bicycle Inspection Form to education@waba.org PRIOR to the beginning of your session.

*Bike Camp registration is now open. We will accept applications on a first-come, first-served basis.

Questions?

Please visit waba.org/bikecamp for more information about the program. We're happy to talk all things Bike Camp as well — just send us an email at

education@waba.org

or call 202-518-0524 x 207.

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Page 1 | Contact Information & Liability



Student Information

Youth First Name: _____ Youth Last Name: _____

Date of Birth: ____/____/____ Current Grade Level: _____ School: _____

Please circle your answer for the following question:

Gender: Male Female Other

My student will attend (Please check one option only):

- ☐ Session 1 (July 6–July 10; five days. Safe riding skills, field trips, mechanics) **\$275**
- ☐ Session 2 (July 13–July 24; 10 days. Safe riding skills, field trips, mechanics, build-a-bike to take home or donate) **\$500**

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip code: _____

Home phone number: (____) _____ Cell phone number: (____) _____

Email: _____

Emergency Contact Information

Please provide information for a person we may contact in the event of an emergency in which we cannot make contact with the Parent or Guardian.

First Name: _____ Last Name: _____

Home phone number: (____) _____ Cell phone number: (____) _____

Email: _____

Relationship to student: _____

Liability Waiver

The undersigned hereby recognizes that bicycling is not an absolutely safe sport or mode of transportation, and that accidents can and do occur, including injuries that may be serious and permanent, despite all reasonable care. In consideration of the services to be rendered to the undersigned by Washington Area Bicyclist Association and its partnered (referred herein as "WABA") The undersigned for him/herself and hi/her heirs, personal representatives and assignees, hereby Releases and Forever Discharges WABA, and any of their employees, volunteers, successors, assigns, trustees, officers and agents, from any and all present and future claims, demands, obligations, liabilities, and rights of any action whatsoever, INCLUDING CLAIMS OR RIGHTS BASED ON NEGLIGENCE OR CARELESSNESS, whether known or unknown, which might be asserted against WABA and any of their employees, volunteers, successors, assigns, trustees, officers and agents, related to or by any reason of any occurrence, event, transaction, matter, cause, fact or thing arising from but not limited to bicycle instruction, bicycle training, bicycle repairs, bicycle mechanics, bicycle safety instruction, bicycle rides, bicycle tours, bicycle competition, and any other indoor or outdoor activity or field trip conducted under the supervision of WABA.

By signing this form, the undersigned, being a person of at least eighteen (18) years of age acting on behalf of the following Participant as Self, Parent, or Guardian, I acknowledge my understanding of the foregoing, that I am signing this form voluntarily, and that I give WABA and any of their employees, volunteers, successors, assigns, trustees, officers, and agents the power to authorize medical care for the participant. I also acknowledge that the participant should properly use a bicycle helmet whenever riding a bicycle.

Signature of Parent/Guardian: _____ Date: _____

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Page 2 | Media release | Healthcare Record



Media Release

In consideration of the opportunity to participate in the programs offered by WABA, I hereby give permission to WABA, its employees, affiliates, representatives, contractors, agents and members of the media to interview, audiotape, photograph, videotape, film, or capture by any other electronic means my/my child's image and speech, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein for the purpose of promoting the objective of WABA.

Signature of Parent/Guardian: _____ Date: _____

Health and Safety Information

We strongly recommend that all campers have had a physical examination within a year prior to camp and suggest that you consult with your child's medical provider to provide the most accurate and up-to-date medical information possible.

Insurance Provider: _____ Policy Holder: _____

Policy Number: _____

Date of last physical exam: _____

Primary care provider's phone number: _____

Student's height: _____ Student's weight: _____

Is the student able to ride a bicycle for at least 25 minutes?

☐ No ☐ Yes

Allergies (Please list all known allergies):

If your student has an anaphylactic allergy or asthma, include a copy of the camper's allergy and/or asthma plan(s).

Diet and Nutrition (If your child has any special dietary concerns, please list them here and describe):

Medications (Please list any medications your student is currently taking):

Please note that WABA staff cannot administer any form of medication. If your child must or may need to take any form of medication during Bike Camp, please include a copy of your student's medication plan.

Is there anything else about your child's health or welfare we should be aware of? (Please explain):

I certify that this information is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

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Page 3 | Bicycle Inspection Form



Will your child bring their own bicycle to camp?*

☐ No ☐ Yes

*WABA has a small youth bike fleet, and we are able to provide bicycles for campers who do not have their own on a first-come, first-served basis.

If you checked 'No,' please return this form to WABA as-is. If you checked 'Yes,' please have a mechanic fill out the rest of the form.

Signature of Parent/Guardian: _____ Date: _____

Bicycle Inspection Form

In order to ensure the safety of participants, we require that all students who will ride their own bicycles during camp have their bicycle checked over by a professional mechanic PRIOR to the first day of camp. Your student will NOT be able to participate in camp activities if this form is not complete prior to the first day of camp.

Most bike shops will provide an inspection for free, but repairs will require payment. As an alternative to paying for repairs, many of the area cooperatives have Fix-Your-Bike programs in which community members may use shop tools and get assistance from volunteer mechanics for free or for a small fee. In Washington, DC we recommend The Bike House or Gearin' Up Bicycles. For assistance in Virginia, please contact Phoenix Bikes in Arlington or Velocity Bicycle Cooperative in Alexandria.

(For Mechanic Use) Please check the following:

- Proper Fit
- Brakes
- Wheels (Are they true?)
- Gears/Deraillleurs/Chain
- Headset
- Tires
- Hubs (Cones)
- Cables

Mechanic's Notes:

Participant's Name: _____

I certify that I have inspected the participant's bicycle. It is in proper working condition and fits the rider adequately.

Mechanic's Signature: _____

Date: _____ Company/Store Name: _____