



WASHINGTON AREA BICYCLIST ASSOCIATION

2599 ONTARIO RD NW | WASHINGTON, DC 20009 | (202) 518-0524 | WABA.ORG

Welcome to our summer program!

A note from the Director:

Welcome to Bike Camp! After a successful 2015 camp, we're thrilled to offer an expanded and better-than-ever summer day camp for the month of 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, community, and discovery. The multidisciplinary nature of the camp will get our students thinking about their environment, mechanics, engineering, city planning, and the community they live in.

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

Sincerely,
Daniel Hoagland
WABA Programs Director





In this packet you will find the Bike Camp! application, consisting of 4 parts:

- Part 1 - Registration & Contact Information (REQUIRED)
- Part 2 - Liability Waiver & Media Release (REQUIRED)
- Part 3 - Health Care Record Form (REQUIRED)
- Part 4 - Scholarship Request & Application (OPTIONAL)

Registration process:

1. Print a copy of the Bike Camp! application
2. Read thoroughly and fill out completely.
3. Scan and email the completed version of the form to bikecamp@waba.org. Upon receipt and processing of your application we will send you a link to complete your payment online.

-OR-

4. Mail or drop off the completed forms to WABA (2599 Ontario Road. NW, Washington, DC 20009) **with payment:** check or money order made out to "Washington Area Bicyclist Association."
5. Applications are due no later than **Friday, March 18, at 5 p.m.**

Timeline:

- Bike Camp registration is open: Now – March 18th, 2016
- Welcome Packets sent: May 2016
- Bicycle Inspection Form due back to WABA: no later than June 1, 2016
- First Welcome E-mail and Staff Introductions: week of June 27, 2016
- Session I: July 5 – July 15, 2016
- Session II: July 18 – July 29, 2016





PART 1 – REGISTRATION & CONTACT INFORMATION

Camper Information

Camper First Name: _____

Camper Last Name: _____

Date of Birth: ____/____/____

Last grade completed as of July 2016: _____

School: _____

Gender (please circle one): Male/Female/None of the above (If your child uses a preferred pronoun please write that here): _____

T-Shirt Size (Youth XS-L, Adult S-XL): _____

Parent/Guardian Information

First Name: _____

Last Name: _____

Address: _____

City: _____

Zip code: _____

Home phone number: (____) _____

Cell phone number: (____) _____

Email: _____





Bike Camp! Sessions

My camper will attend (check sessions that apply):

____ **Session 1 (July 5—July 15): City Explorers Camp - \$700**

- City Explorers Camp will focus on community engagement, group riding, and longer rides.
- Campers will ride every day (weather dependent), up to 20 miles per day!
- Campers will bike to activities & volunteer opportunities across the city.
- This camp will include at least one session of basic bike maintenance with Gearin' Up Bicycles, but does NOT include the earn-a-bike program.
- This is a great camp for campers who want to ride a lot, see the city, visit new places, and help the community.

____ **Session 2 (July 18—July 29): Bike Build Camp - \$800**

- Bike Build Camp will focus on advanced mechanics training and mastery of bike parts, bike maintenance, and riding.
- Campers will build a bike from the frame up under the guidance of Gearin' Up Bicycles. The bike they build will be theirs to keep (or donate to another youth through Gearin' Up).
- Campers will go on shorter rides (<10 miles/day) during the session.
- This camp will include a visit to a local bike shop maintenance department for a hands-on tour.
- This is a great camp for campers who want to work with their hands, make a bike that they can keep, and explore a little too.

**Note: spots are filled on first-come, first-served basis. There is no discount for attending both sessions or for siblings.*

WABA will not provide breakfast or lunch for students. Campers must come to camp with packed lunch and snack.

I have read the information above and understand that my student must come to camp with snack and a lunch.





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Parent/Guardian Initial _____

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 listed above.

First Name: _____

Last Name: _____

Home phone number: (____)_____

Cell phone number: (____)_____

Email: _____

Relationship to student _____





PART 2 - LIABILITY WAIVER & MEDIA RELEASE

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 (referred herein as "WABA") and its partners, KIPP DC, and Gearin Up Bicycles, and any additional partners not listed herein. The undersigned for him/herself and his/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.

Participant: _____

Signature of Parent/Guardian: _____

Date: _____





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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 objectives of Bike Camp! and/or WABA.

Signature of Parent/Guardian: _____

Date: _____





PART 3 - HEALTH AND SAFETY INFORMATION

We strongly recommend that all campers have 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: _____

Primary Care Provider's phone number:

Camper height (in feet and inches): _____

Camper in-seam (for proper bike fit): _____

Camper weight: _____

Is the student able to ride a bicycle for at least 25 minutes (or 45 minutes for Session I)?

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):





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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):

Will your child bring their own bicycle to ride during Bike Camp!?!*

***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 your child is bringing his or her own bike to camp you will need to complete the bicycle inspection form with a certified mechanic. This form will be sent in the camp welcome packet and should be returned no later than one month before your camper's session to give adequate time for maintenance.

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

Parent/Guardian Signature: _____ Date: _____





PART 4 - SCHOLARSHIP REQUEST & APPLICATION

Camper First Name: _____

Camper Last Name: _____

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

For which Session(s) of Bike Camp! are you interested in a scholarship?

_____ Session I

_____ Session II

Does your child qualify for the free/reduced lunch program at their school? _____

_____ I request a full scholarship for the session(s) indicated above

_____ I request a partial scholarship (\$250/camper rate) for the session(s) indicated above.

Please use the space below (and the back of this page, if needed) to explain your financial need or special circumstances:





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