



LAB BICYCLING SKILLS 123 Youth Clinic
Course Registration for WheelEscape Bike Club

Course location:
Name of Parents:

Date:

Name of Youth

Street Address: City: State: Zip:

E-mail: Phone:

Are you a member of WheelEscape? Y or N Are you a member of the Marin County Bicycle Coalition? Y or N

Are you a member of the League of American Bicyclists? Y or N

Age of Youth: ___ How long has youth been riding? ___ years. Check all the kinds of riding your child does:

bike to school bike with parents bike in neighborhood streets bike right near house only just got bike

What are the most important things you want your child to learn from this course?

Are there any physical or emotional conditions that might limit your child's participation in this course? Y or N

T-shirt size? Circle one: Youth S, M, L, Adult S, M, L How many? Helmet size? S, M, L How many?

*** RELEASE (signature required) Helmets are required of all participants.**

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 directors, officers, volunteers, and staff (releasees) 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, whether caused by the negligence of the releasees or otherwise; (2) If registrant is a minor, I (as parent or guardian) agree to indemnify and hold harmless each releasee 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 releasee in connection with defending any Claim by or on behalf of said minor for any such loss, whether caused by the negligence of the releasees or otherwise; (3) I shall obey traffic laws and practice safety in bicycling; and (4) I agree to wear a CPSC-approved helmet on all bicycle-riding activities at this event.

Parent's Signature:

Date:

League Cycling Instructor: Kathy McLeod Instructor #2336

* For instructor use only: Please complete and return to the League of American Bicyclists office

* Rec'd booklet

* Attendance

* Written score

* Road score

* Cert. issued

League of American Bicyclists (Local affiliate: wheelescape.org) 414-686-3805.

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