

City of Albuquerque Parks and Recreation Department, Outdoor Recreation Section
Bike Education Information for Participants

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This page is for your information. Please keep.

2014 Cyclocross Program INFORMATION and REGISTRATION FORMS

LETTER TO PARTICIPANTS

GENERAL INFORMATION: The Bike Safety Education Program is an Outdoor Education Program devoted to the premise that all youth should have access to affordable, fun adventure activities in Albuquerque and the surrounding communities. A primary goal of the program is to provide alternative transportation and bike education.

Each class has a maximum limit of 12 participants

PERSONAL EQUIPMENT THAT PARTICIPANT MUST SUPPLY:

- Food, Snacks and Packs: Please bring your own non perishable lunch, snacks, and lots of drinking water.
- **Clothing**: Please wear loose fitting clothing that allows you to move freely. Tight fitting jeans often limit your ability to make high steps with your legs. Shorts are encouraged during warm weather.
- Bicycle

EQUIPMENT THAT OUTDOOR RECREATION WILL SUPPLY:

• helmets, safety vests, and tools



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Hazards of Biking

GENERAL:

There are several inherent risks and hazards that accompany cycling, including falling, being hit by moving vehicles, heat stroke, and physical soreness. While an individual may do everything "right" and follow all of the rules, there is still a possibility that one can get injured. However, Outdoor Recreation attempts to minimize these hazards and risks through staff training and education, as well as diligent attention to safety rules during the cycling program. All current Bike Educators are certified in CPR and First Aid.

Hazards of Working with Tools

General:

There are several inherent risks and hazards that accompany using tools, including cuts, eye injuries, and serious injuries such has losing a limb. While an individual may do everything "right" and follow all of the rules, there is still a possibility that one can get injured. However, Outdoor Recreation attempts to minimize these hazards and risks through staff training and education, as well as diligent attention to safety rules during the Earn a Bike program. All current Bike Educators are certified in CPR and First Aid.

REMEMBER:

In adventure activities you can do everything right and still get injured. This information sheet is no substitute for personal instruction. The information provided in this information sheet should only be used to supplement competent personal instruction by an experienced individual. Your participation in this program indicates your assumption of the risk of serious injury or death as a result of the risks associated with walking or bicycling. Participation is an acknowledgement of your responsibility for your own safety.

<u>REGISTRATION</u>: Complete and return the registration forms to the Outdoor Recreation Section offices in the Parks & Recreation Department Administration Building Participants will not be registered for adventures until all forms are received. No participant will be allowed to accompany Outdoor Recreation on any adventure unless all forms have been completely and properly filled in. Registration forms will be kept on file for the du-



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Cycle Cross July 28—August 1, 2014 \$50.00 per child

PARTICIPANT'S NAME:				
	FIRST	MI.	LAST	



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PART A: PARTICIPANT INFORMATION

Name					
First		Middle Initial	Las	t	
Address					
Street		Apt. #	City	State	Zip
Phone Numbers					
H	lome	Cell	Pag	ger	
E-Mail Address (for our ema	ail distribution list)				
Participant Age Partic		Birth date		Male	Female
	·	Month/D			
Participant's School			Grade I	Level	
PART B: PARENT / GUARDI	AN CONTACT INFORI	MATION			
Lives with: Mother	Father	Guardian	Other (sp	ecify)	
Mother Father Guardian	Name (Please print):				
Phone numbers for above n	amed person:				
Mother Father Guardian Please circle one	Name (Please print):	Home 	Cell		Vork
Phone numbers for above n	amed person:				
		Ноте	Cell	V	Vork
PART C: DISABILITY INFOR	MATION (Es	sential Eligibility: Parti	icipant must be abl	e to walk 2.0 mi	les.)
Please state any medical tion in this program:	condition (s) that P	articipant has that th	e City should be a	ware of prior t	o participa-
Please state any disabilit participation in this progr				ould be aware -	of prior to
Please provide additional medical condition, Disabi			•	_	•



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PART D: ALLERGY & MEDICATION INFORMATION Does participant have any known allergies? ____YES ____NO Does participant carry an "EpiPen"? ____YES ____NO Please specify known allergies: In case of a severe allergic reaction, can participant be given oral antihistamine (Diphenhydramine Hydrochloride [generic Benadryl])? ____YES ____NO Is participant currently taking any prescription or over-the-counter medication? YES NO If YES, please specify: PART E: INFORMATION FOR MEDICATION TO BE TAKEN DURING ADVENTURE If your child needs to take prescribed or over-the-counter medication's) while participating in adventures with the City of Albuquerque's Outdoor Recreation Section please list medications below. Your child must be able to administer his or her own medications. All medications must be contained in the original pharmacy packaging! *****Please check here if your child has NO medications to be dispensed during adventure. _____ ****** (1) Name of Medicine Date of Prescription: _____ Time to Administer: _____ Dose Prescribed: Reason for taking Medicine _____ Date of Prescription: (2) Name of Medicine Dose Prescribed: Time to Administer: Reason for taking Medicine PART F: HEALTH INSURANCE INFORMATION Medical insurance that provides health care coverage for my minor child is shown on the attached health insurance card. ******(Please attach a copy of the health insurance card of your minor child.)***** PART G: EMERGENCY AND/OR MEDICAL CARE CONTACTS List at least two people other than yourself that Outdoor Recreation may contact in the event there is any type of emergency or your minor child requests medical care or it is determined that your minor child is in need of medical care: _____ Relationship to Child:____ Home Phone: _____ Cell Phone: _____ Work Phone: Relationship to Child: (2) Name:



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PART H: PERSONAL PHYSICIAN INFORMATION

			Hospital Affiliation:ner Phone:		
		Other Pho			
PART I: AUTHORIZED P	ERSON(S)				
time of return in case y	ou cannot be pre	esent. A pictu	ire ID must	rom the Outdoor Recreation Adventure at the shown to the Adventure Leader.	he scheduled
1 First		MI	Last		
Relationship				Phone Number	
2.					
First		MI	Last		
Relationship				Phone Number	
I hereby authorize ODR	and the City of A	Albuquerque	to take ph	NAME OF PARTICIPANT FOR PUBLICITY PUF otographs, to collect quotations related to the minor child participant for publicity purpose	he Monster

PART K: AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for my minor child participant. I authorize the City of Albuquerque, ODR and the outing leader(s) to render first aid or emergency care, within the scope of the certification of the outing leader(s). In addition, I authorize ODR to call for medical or dental care for my minor child participant if, in the opinion of ODR, medical or dental care is needed. I agree to pay for all expenses and costs associated with such care and related transportation. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of New Mexico Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the physician, in the exercise of his or her best judgment, may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached. I further agree that ODR shall not be responsible for payment of medical services for my minor child and acknowledge and agree that any City insurance that may exist does not cover the medical costs of my minor child.

INITIAL	



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PART L: EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT

In consideration for the services of the City of Albuquerque Parks and Recreation Department, Outdoor Recreation Section, Monster Adventures Program, its outing leaders, officers, agents, and volunteers (collectively referred to herein as "ODR"), I, on behalf of myself and/or as the parent or legal guardian of the minor child participating in the ODR activity, and our heirs, agree as follows:

I understand and am aware that backpacking, biking, caving, hiking, rappelling, rock climbing, snowboarding, snow skiing and related activities including, among others, use of ODR equipment such as carabiners, climbing equipment, caving equipment, rescue knives, rappelling equipment, tents, camp stoves, campfires (Referred to herein as "Activity"), and transportation to and from such Activity, are hazardous activities involving inherent and other risks of injury to any and all parts of the body. I further understand that injuries in the Activity are a common and ordinary occurrence, and I have made a voluntary choice for myself and/or my minor child participant to accept and assume all risks of injury or death that might be associated with or result from this activity.

To the fullest extent allowed by law, I agree to release from liability, and to indemnify and hold harmless ODR from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by negligence, in any way connected with this Activity. I further agree not to make a claim or sue for injuries or damages relating to this activity, even if caused by negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

		INITIAL	
PART M: ACKNOWLEDGEMENT OF INFORMATION:			
I hereby acknowledge that all the information I have provided on pages 1-5 of this Agreemer plete. I agree to update any page of this Agreement as necessary. I hereby acknowledge tha stood and accepted each of the above provisions and have voluntarily signed this agreement	it I have		
PART N: SIGNATURE INFORMATION			
NAME OF PARTICIPANT:			
Date:	<i>J</i>	/	
SIGNATURE OF PARTICIPANT'S PARENT/LEGAL GUARDIAN			
PRINTED NAME OF PERSON SIGNING ABOVE			