



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 as 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.**

REGISTRATION: 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-



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

PARTICIPANT'S NAME: _____
FIRST MI. LAST



PART A: PARTICIPANT INFORMATION

Name _____
First Middle Initial Last

Address _____
Street Apt. # City State Zip

Phone Numbers _____
Home Cell Pager

E-Mail Address (for our email distribution list) _____

Participant Age _____ Participant Birth date _____ Male _____ Female _____
Month/Day/Year

Participant's School _____ Grade Level _____

PART B: PARENT / GUARDIAN CONTACT INFORMATION

Lives with: Mother _____ Father _____ Guardian _____ Other (specify) _____

Mother | Father | Guardian Name (Please print): _____
Please circle one

Phone numbers for above named person: _____
Home Cell Work

Mother | Father | Guardian Name (Please print): _____
Please circle one

Phone numbers for above named person: _____
Home Cell Work

PART C: DISABILITY INFORMATION (Essential Eligibility: Participant must be able to walk 2.0 miles.)

Please state any **medical condition (s)** that Participant has that the City should be aware of prior to participation in this program:

Please state any **disability or physical limitation (s)** that Participant has that City should be aware of prior to participation in this program: _____

Please provide additional information on any **accommodation (s)** that Participant needs with regard to any medical condition, Disability, or physical limitations listed above in order to participate in this program:



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: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(2) Name of Medicine _____ Date of Prescription: _____

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:

(1) Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(2) Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____



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 Agreement is true, correct and complete. I agree to update any page of this Agreement as necessary. I hereby acknowledge that I have fully read, understood and accepted each of the above provisions and have voluntarily signed this agreement.

INITIAL _____

PART N: SIGNATURE INFORMATION

NAME OF PARTICIPANT: _____

Date: ____/____/____

SIGNATURE OF PARTICIPANT'S PARENT/LEGAL GUARDIAN

PRINTED NAME OF PERSON SIGNING ABOVE