# Bikes Not Bombs

## Fall 2010 Earn-A-Bike

**September 13, 2010 – October 14, 2010 (Mon-Thurs, 3:30-6:30pm)**

Ages 12-18 ~Program fee $25-50~ (*Fee Waivers available! See "Program Fee" section for more info.*)

***There are a limited number of spots available. Applicants are chosen based on application date, and the applicant's availability and willingness to commit. If you are not accepted into the program for any reason, you will be notified and your program fee will be returned.***

~~~~~~~~PAGES 1–3 TO BE SIGNED BY **PARENT/GUARDIAN**~~~~~~~~

**PLEASE PRINT CLEARLY**

**Youth's Name**: _____ _____ _____
First Middle Last

Address: _____
Number Street Apartment

_____
City State Zip Cell Phone

Gender: _____ Race/Ethnicity: _____ Date of birth: _____ Age: _____

Name of School: _____ Grade: _____

**Contact #1: Parent/Guardian--**Circle one: *MOTHER* *FATHER* *LEGAL-GUARDIAN*

_____ _____ _____
First Middle Last

Address: _____
Number Street Apartment

_____ _____ _____ _____
City State Zip Email

Home Phone: ( ) _____ Cell/Work Phone:( ) _____

**Contact #2: Other Contact--**Circle one: *MOTHER* *FATHER* *LEGAL-GUARDIAN* *RELATIVE*

_____ _____ _____
First Middle Last

Address: _____
Number Street Apartment

_____ _____ _____ _____
City State Zip Email

Home Phone: ( ) _____ Cell/Work Phone:( ) _____

Questions? Call Elijah Evans @ **617-522-0222 x101** or email **elijah@bikesnotbombs.org**

Mail/deliver app & fee to: **Bikes Not Bombs, 284 Amory Street Jamaica Plain, MA 02130**
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**Earn-A-Bike Program**
**Health Information & Emergency Contacts**

Name of Student: _____ Date:_____

**Medical Information**

Illnesses (i.e. asthma):_____

_____

**(If a student has an asthma inhaler, s/he must bring it to each class in order to ride. S/he may leave one here for the duration of the Earn-A-Bike course.)**

List all allergies to food, insect bites, or medications:_____

_____

Injuries: _____

_____

*List any medications you are taking.* _____

_____

*List any physical limitations.* _____

_____

**Insurance and Hospital**

Name of Health Care Provider:_____

Health Card/Policy #:_____

Physician's Name:_____Telephone#_____

Clinic or Hospital:_____Telephone#_____

**Emergency Contact:**

Contact person #1:_____ Day phone#_____

Relationship to student:_____ Evening#_____

Contact person #2:_____ Day phone#_____

Relationship to student:_____ Evening#_____

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**Earn-A-Bike Program Permission Slip**
**(Application not complete without this)**

**Name of participant**:

**Program Permission**
I, _____ give my permission for my son or daughter, _____ to be in the Earn-A-Bike Program. I understand that the classes will meet Mondays, Tuesdays, Wednesdays, Thursdays 3:30-6:30, at Bikes Not Bombs Bicycle Recycling and Youth Training Center, 284 Amory St., Jamaica Plain, and that the participants will sometimes go on bike rides off of Center premises. I understand Bikes Not Bombs will provide all class participants with helmets and bicycles for all rides. I will not hold BNB or their funders or volunteers responsible for any injuries or accidents that may occur during my child's participation in the Earn-A-Bike Program. I have read and understand the EAB Program Rights and Responsibilities.

**Signature of Parent/Legal Guardian** _____**Date** _____

**Medical Permission**
I hereby give my permission to the physician or hospital, selected by the bearer of this letter, to order x-rays, routine tests and treatment for the health of my child in the event that I cannot be reached in an emergency. Also, I hereby give my permission to the physician or hospital selected by the bearer of this letter, to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child, in the event that I cannot be reached in a medical emergency.

**Signature of Parent/Legal Guardian** _____**Date** _____

**Picture/Video/Names Release Form**
Periodically, Bikes Not Bombs (BNB) students and teachers (or volunteer professional photographers) take pictures and videos of each other participating in the various activities and programs at our youth center and related events. At times, photographers and camera operators from the news media will also take images of BNB program participants. We need your permission to display these images and to use the name of your child/ward on the BNB website and to publicize our programs in the media, in our newsletter, on bulletin boards, and various other presentation materials that exhibit the success of Bikes Not Bombs.

I _____ (DO/DO NOT) grant permission for **images** to be taken of my child/ward and used for display purposes outlined above.

I _____ (DO/DO NOT) grant permission for my child **name** to be used for the display purposes outlined above.

**Signature of Parent/Legal Guardian** _____**Date** _____

**Program Fee**
I have included the program fee as cash, check or money order in an amount between $25 and $50, and I understand that without any financial commitment, a spot cannot be held for my child. If the program is full, the fee will be returned. OR, I have included a statement requesting a fee waiver and explaining the circumstances that make it necessary to do so. I understand without this statement a spot cannot be held for my child

**Signature of Parent/Legal Guardian** _____**Date** _____

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**Earn-A-Bike Program Questionnaire**

~~~~~~~~TO BE FILLED OUT BY THE **PROSPECTIVE STUDENT**~~~~~~~~

Do you know how to ride a bike? _____

How much experience do you have as a cyclist? Rate your experience on a scale of 0 to 5 where "0" means you have no experience and "5" means you are an expert. _____

What makes you excited about this program? _____

_____

_____

What do you like about bikes? _____

_____

_____

Write about a positive experience with friends or a youth group? _____

_____

_____

What was a difficult experience with friends or a youth group?_____

_____

_____

What do you already know about fixing bikes? _____

_____

_____
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Please list three environmental benefits of riding your bike. _____

_____

_____

How much attention do you pay to the decisions you make and the effects they might have on the environment? Please explain. _____

_____

_____

_____

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