

Bike Institute
Health Information & Emergency Contacts

Name of Participant: _____ Date: _____

Medical Information

Illnesses (i.e. asthma):

(If a student has an asthma inhaler, they must bring it to each class in order to ride, and may leave one here for the duration of the Bike Institute 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# _____

Bike Institute Program Permission Slip

Name of applicant: _____

Program Permission

I, _____ give my permission for my self/child/ward, _____ to be in the Bike Institute Program. I understand that the classes will meet Mondays and Wednesdays 5:30-8:30pm, 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 or my child's participation in the Bike Institute Program. I have read and understand the Program Rights and Responsibilities.

Signature of Applicant/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 myself/child/ward 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 self/child/ward, in the event that I cannot be reached in a medical emergency.

Signature of Applicant/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 - circle one) grant permission for **images** to be taken of myself/child/ward and purposes outlined above.

I _____ (DO/DO NOT - circle one) grant permission for myself/child/ward to be used for the display and purposes outline above.

Signature of Applicant/Parent/Legal Guardian _____ Date _____

Program Fee:

I have included the program fee as cash, check or money order in an amount between \$50 and \$100, and I understand that without payment, a spot cannot be held for my self/child/ward. 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 self/child/ward. If my self/child/ward decides not to participate, I will notify BNB at least one week in advance of the program start date so my my self/child/wards spot can be filled. If I do not give one week's notice, **the program fee will NOT be refunded.**

Signature of Applicant/Parent/Legal Guardian _____ Date _____

Questions? Call Elijah Evans @ 617-522-0222 x105 or email elijah@bikesnotbombs.org Mail/deliver app & fee to: **Bikes Not Bombs, 284 Amory Street Jamaica Plain, MA 02130**

Bike Institute Questionnaire

~~~~~TO BE FILLED OUT BY THE APPLICANT ~~~~~

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.

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What makes you excited about this program? \_\_\_\_\_

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What do you like about bikes? \_\_\_\_\_

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Write about a positive experience with friends or a youth group? \_\_\_\_\_

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

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What do you already know about fixing bikes? \_\_\_\_\_

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