

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

**Girls In Action 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 Girls In Action 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:

Questions? Call Jamie Kennedy @ **617-522-0222 x102** or email
jamie@bikesnotbombs.org

Mail/deliver app & fee to: **Bikes Not Bombs, 284 Amory Street Jamaica Plain, MA 02130**

Contact person #1: _____ Day phone# _____

Relationship to student: _____ Evening# _____

Contact person #2: _____ Day phone# _____

Relationship to student: _____ Evening# _____

Girls-In-Action Program Permission Slip
(Application not complete without this)

Name of participant: _____

Program Permission

I, _____ give my permission for my daughter, _____ to be in the Girls In Action Program. I understand that the classes will meet Mondays, Tuesdays, Wednesdays, Thursdays and Fridays 2-6pm, 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 Girls In Action 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

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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 payment, 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. If my child decides not to participate, I will notify BNB at least one week in advance of the program start date so my child's spot can be filled. If I do not give one week's notice, ***the program fee will NOT be refunded.***

Signature of Parent/Legal Guardian _____ Date _____

Girls-In-Action 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? \_\_\_\_\_

\_\_\_\_\_

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[jamie@bikesnotbombs.org](mailto:jamie@bikesnotbombs.org)

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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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Please list three environmental benefits of riding your bike. \_\_\_\_\_

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