



Bikes Not Bombs

Spring 2019 Girls In Action

March 26th – June 4th (Tuesdays, 4:00-7:00)
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 3-4 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: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

Questions? Call Jasmine Wilson @ 617-522-0222 x101 or email  
[jasmine@bikesnotbombs.org](mailto:jasmine@bikesnotbombs.org)

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

City

State

Zip

Email

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, they must bring it to each class in order to ride, and 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# \_\_\_\_\_

Questions? Call Jasmine Wilson @ 617-522-0222 x101 or email

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

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**Emergency Contact:**

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 Tuesdays 4-7pm, 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 GIA 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.

Questions? Call Jasmine Wilson @ 617-522-0222 x101 or email  
[jasmine@bikesnotbombs.org](mailto:jasmine@bikesnotbombs.org)

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

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 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? _____

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? _____

Please list three environmental benefits of riding your bike. _____