



BiCi Co. Youth Application and Waiver

Staff Only Section	
Entry-Level	Graduate & Advanced
<input type="checkbox"/> Earn-A-Bike	<input type="checkbox"/> Traffic Skills 101
<input type="checkbox"/> Ride Club	<input type="checkbox"/> Bike Safety Seminar
<input type="checkbox"/> Member Hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Parents and Guardians: To sign up your child for a program, please fill out the following application **with your child** and return it to BiCi Co at Center for Latino Progress (95 Park Street).

Youth Participant Information

Youth: Please fill out this part. If you need help, please ask your Parent or Guardian. **Please print clearly.**

Youth First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Current Grade Level: ____ School: _____

Youth Cell Phone: (_____) _____ Youth Email: _____

You can best reach me by: Text Email Phone Call

You can follow BiCi Co. on Facebook! - www.facebook.com/BiCiCoHartford

Tell us more about yourself. Please place a check mark next to your answer for the following questions:

I identify my gender as: Male/Boy/Man Female/Girl/Woman Transgender/Gender non-conforming

I identify my race as (check all that apply):

Black or African American White or Caucasian Asian American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander Hispanic or Latino

Other or Combination: _____

Primary Language English Spanish/Espanol Other _____

Parent/Guardian Information

Parents/Guardians: Please fill out the rest of this form. **Please print clearly.**

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Check for Primary: Home Cell Work Check for Secondary: Home Cell Work

Parent / Guardian Email: _____

How did you hear about us? Friend Family Member Website Flyer in the Neighborhood

Another After-School Program Child's School Facebook Twitter Instagram Other: _____

Help us gather accurate information for our grants and funders so we can keep our after-school programs affordable to youth participants.

My family is eligible to receive some form of public assistance such as food stamps, cash assistance, or low income heating support.

Application continued on next page →



BiCi Co. Youth Application and Waiver – CONTINUED

Participant Name (print)

Liability Waiver

The undersigned hereby recognizes that bicycling and bicycle repair is not an absolutely safe activity, sport, or mode of transportation, and that accidents can and do occur, including injuries that may be serious and permanent, despite all reasonable care. In consideration of the services to be rendered to the undersigned by BiCi Co. and its partners including the parent organization – Center for Latino Progress - CPRF (referred to herein as “BiCi Co.,”) the undersigned for him/herself and his/her heirs, personal representatives and assignees, hereby Releases and Forever Discharges BiCi Co., and any of their employees, volunteers, successors, assigns, trustees, officers and agents, from any and all present and future claims, demands, obligations liabilities, and rights of any action whatsoever, INCLUDING CLAIMS OR RIGHTS BASED ON NEGLIGENCE OR CARELESSNESS, whether known or unknown, which might be asserted against BiCi Co. and any of their employees, volunteers, successors, assigns, trustees, officers and agents, related to or by any reason of any occurrence, event, transaction, matter, cause, fact or thing arising from but not limited to bicycle instruction, bicycle training, bicycle repairs, bicycle mechanics, bicycle safety instruction, bicycle rides, bicycle tours, bicycle competition, and any other indoor or outdoor activity or field trip conducted under the supervision of BiCi Co.

By signing this form, the undersigned, being a person of at least eighteen (18) years of age acting on behalf of the following Participant as Self, Parent, or Guardian, I acknowledge my understanding of the foregoing, that I am signing this form voluntarily, and that I give BiCi Co. and any of their employees, volunteers, successors, assigns, trustees, officers, and agents the power to authorize medical care for the participant. I also acknowledge that the participant must properly use a bicycle helmet whenever riding a bicycle.

Signature of Parent/Guardian

Date

Health and Safety Information

Emergency Contact Information (Please list someone who we can call in the case that we cannot reach you. **Do not list** the parent/guardian already noted on the front of the application.)

Name: _____ Relationship to Child: _____ Phone: (____) _____

Is the participant allergic to anything?

YES NO

If yes, please list: _____

Does the participant have and use an asthma inhaler on a daily basis? If so, please inform staff on the first day of the program and ensure that your child carries his/her inhaler with them at all times.

YES NO

Is the participant taking any medication? If so, BiCi Co. is not responsible for administering medications. Please assure that your child is able to take his/her own medication. Inform staff if your child needs supervision.

YES NO

If yes, please list: _____

Does the participant have any medical/mobility/mental health concerns of which we should be aware?

YES NO

If yes, please explain: _____

Is the participant able to ride a bike and can ride for 20 minutes at a reasonable pace?

YES NO

Does the participant have any other concerns that we should know about in order to best serve their needs?

Application continued on next page →



BiCi Co. Youth Application and Waiver – LAST

Participant Name (print) _____

Transportation

May the participant leave BiCi Co. activities by themselves?

YES NO

If NO, with whom may the participant leave BiCi Co. activities? List names and relationship of person to the child.

May the participant leave BiCi Co. activities on a bicycle by themselves?

YES NO

May the participant take CT Transit (bus) with BiCi Co. for activities?

YES NO

BiCi Co. is able to provide bus passes to program participants so that they can safely return home. Will your child need a token at the end of BiCi Co. classes and activities?

YES NO

Media, Image, & Feedback Release

In consideration of the opportunity to participate in the programs offered by BiCi Co. I, hereby give permission to BiCi Co and Center for Latino Progress, its employees, affiliates, representatives, contractors, agents and members of the media to interview, audiotape, photograph, videotape, film, or capture by any other electronic means my/my child's image and speech, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein for the purpose of promoting the mission of BiCi Co. This includes the release of feedback and information as collected through surveys and evaluations for the purpose of program evaluation.

Please check here if you **DO** give permission:

THANK YOU for completing this form. Once received, staff will be in touch with you about your child's enrollment in the program for which you are registering.

If you have any questions, please contact us at our office:

BiCi Co. at Center for Latino Progress - CPRF

95 Park Street

Hartford, CT 06106

(860) 247-3227

www.ctprf.org

To be completed by Staff Only:

Received Application Date: ____/____/____ Class Start Date: ____/____/____ Class End Date: ____/____/____

Location: 95 Park Street Other: _____

Instructor: _____