



### Permission and Registration Form

Community Bike Works, a school, admits students of any race, color, national and ethnic origin to all of the rights, privileges, programs and activities generally accorded and made available to students at the school. Community Bike Works does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship policies and athletic or other school administered programs.

#### PLEASE PRINT

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

School \_\_\_\_\_ ID # \_\_\_\_\_ Grade \_\_\_\_\_

I found Community Bike Works through:  friend  teacher  counselor  other (please list) \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Emergency Phone # (must be different from parent/child) \_\_\_\_\_

Email for Student and/or Guardian \_\_\_\_\_

Is your child allergic to anything? Yes  No  If yes, please list \_\_\_\_\_

*If your child has a food allergy, is he or she allergic to ingestion (eating it) or to contact (touching it)? Ingestion \_\_\_\_\_ Contact \_\_\_\_\_  
Please note that Community Bike Works is NOT a peanut-free facility.*

Does your child have any medical problems? Yes  No  If yes, please describe \_\_\_\_\_

The undersigned recognizes bicycling is not an absolutely safe sport or transportation mode, and that accidents can and do occur, despite all reasonable care. In considerations of the services to be rendered to the undersigned by Community Bike Works, the undersigned for him/herself and his/her heirs, personal representatives and assignees, hereby RELEASES and forever DISCHARGES Community Bike Works and all their employees and volunteers from any and all present and future claims, demands, obligations, liabilities and rights of action of any nature whatsoever, whether known or unknown, which might be asserted against Community Bike Works and any of their employees or volunteers, related to or by reason of any occurrence, event, transaction, matter, cause, fact or thing arising from or in conjunction with bicycle instruction, bicycle training, bicycle repairs, bicycle mechanics, bicycle safety instruction, bicycle rides, bicycle tours, bicycle competition, any other bicycle related activity, or any other activity or field trip conducted under the supervision of Community Bike Works.

1.\_\_\_\_ (initial)

The participant named above has my permission to participate in the events listed above.  
I give this permission as their parent or guardian.

2.\_\_\_\_ (initial)

I grant Community Bike Works and/or its designates permission to use and/or publish any and all photographs and/or videos taken during all Community Bike Works' activities.

3.\_\_\_\_ (initial)

I will require the participant named above to wear a helmet whenever riding a bicycle.

4.\_\_\_\_ (initial)

In the event of an emergency, I give representatives of Community Bike Works the power to authorize medical care for the participant named above.

5.\_\_\_\_ (initial)

Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Because we receive federal funding, answers to these questions are required to register your child.

Guardian's Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RACE AND ETHNICITY:** This information is required solely to assure non-discrimination in federally funded programs.

Please check off boxes **in both columns:**

**Ethnicity:**

I am Hispanic/Latino

I am not Hispanic or Latino

**Race** (Please select **one or more** statements which best describe your racial composition):

I am White.

I am Black or African American.

I am Asian.

I am American Indian or Alaska Native.

I am Native Hawaiian or Other Pacific Islander.

I am American Indian or Alaskan Native & White.

I am Asian & White.

I am Black or African American & White.

I am American Indian or Alaskan Native & Black or African American.

I am Other Multi-Racial.

**HOUSEHOLD AND INCOME VERIFICATION**

Please select the number of people in your household under the Household Size column **AND** the appropriate income category from one of the (3) three columns immediately to the right of the Household Size number.

<u>Household Size</u>	<u>0-30% AMI</u>	<u>31-50% AMI</u>	<u>51-80% AMI</u>
___ 1 person	___ \$0 – \$15,700	___ \$15,701 – \$26,150	___ \$26,151 – \$41,800
___ 2 people	___ \$0 – \$17,950	___ \$17,951 – \$29,850	___ \$29,851 – \$47,800
___ 3 people	___ \$0 – \$20,200	___ \$20,201 – \$33,600	___ \$33,601 – \$53,750
___ 4 people	___ \$0 – \$22,400	___ \$22,401 – \$37,300	___ \$37,301 – \$59,700
___ 5 people	___ \$0 – \$24,200	___ \$24,201 – \$40,300	___ \$40,301 – \$64,500
___ 6 people	___ \$0 – \$26,000	___ \$26,001 – \$43,300	___ \$43,301 – \$69,300
___ 7 people	___ \$0 – \$27,800	___ \$27,801 – \$46,300	___ \$46,301 – \$74,050
___ 8 people	___ \$0 – \$29,600	___ \$29,601 – \$49,250	___ \$49,251 – \$78,850

Is a female the head of your household? Yes \_\_\_ No \_\_\_

Do you have a disability? Yes \_\_\_ No \_\_\_

I hereby certify that all the information stated herein is true and accurate. **Warning:** The City of Allentown and HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

**COMMUNITY BIKE WORKS**

235 North Madison Street | Allentown PA 18102 | 610-434-1140

**PARENTAL WAIVER: Exchange of Information with Community Bike Works**

I hereby authorize Allentown School District and/or ASD teachers, counselors and personnel to exchange information about the following student, regarding reading level, grades, progress reports and standardized tests.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
School

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Age 14 or older

\_\_\_\_\_  
Date