



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. Please inquire about accommodations.

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 – \$16,450	___ \$16,451 – \$27,450	___ \$27,451 – \$43,900
___ 2 people	___ \$0 – \$18,800	___ \$18,801 – \$31,400	___ \$31,401 – \$50,200
___ 3 people	___ \$0 – \$21,150	___ \$21,151 – \$35,300	___ \$35,301 – \$56,450
___ 4 people	___ \$0 – \$23,500	___ \$23,501 – \$39,200	___ \$39,201 – \$62,700
___ 5 people	___ \$0 – \$25,400	___ \$25,401 – \$42,350	___ \$42,351 – \$67,750
___ 6 people	___ \$0 – \$27,300	___ \$27,301 – \$45,500	___ \$45,501 – \$72,750
___ 7 people	___ \$0 – \$29,150	___ \$29,151 – \$48,650	___ \$48,651 – \$77,750
___ 8 people	___ \$0 – \$31,050	___ \$31,051 – \$51,750	___ \$51,751 – \$82,800

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).

Signature: _____ Date: _____

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