

**NORTH PORTLAND BIKEWORKS
Camp Bike Fun Youth Registration**

YOUTH NAME: _____

AGE: _____

PARENT/GUARDIAN: _____

TELEPHONE: _____

SECONDARY PHONE: _____

ADDRESS: _____

How did you hear about Camp Bike Fun?

How will the Camper leave each day?

Who has permission to pick them up if the parent or guardian can't?
(eg riding home by themselves, parent picking them up?)

4) Does your child take medication? _____ Do you need our staff to give your child their medication?

5) Does your child have any allergies or any other medical ailments that we need to be aware of?

PARENTAL WAIVER:

I give my permission for _____ to participate in North Portland BikeWorks' Camp Bike Fun 2010. North Portland BikeWorks operates a safe and fun youth program. We expect all participants to project and encourage safe and helpful behaviors. This includes both physical safety while riding in a group or at a local organization and verbal behaviors. While we will do our best to ensure the safety of all youth involved, BikeWorks cannot be help responsible for injuries caused while participating in Camp Bike Fun. BikeWorks also reserves the right to use photographs of the youth for program development and/or promotion.

PARENT/GUARDIAN SIGNATURE: _____

SECOND EMERGENCY CONTACT:

NAME: _____

RELATION: _____

TELEPHONE: _____

ADDRESS: _____

Office Use Only:
Session:
<input type="checkbox"/> Session 1
June 21 - July 2
<input type="checkbox"/> Session 2
July 5 - July 16
<input type="checkbox"/> Session 3
July 19 - July 30
<input type="checkbox"/> Session 4
August 2 - August 13
Paid: \$ _____
Date of payment _____/_____/_____
Form of Payment: