



# URBANBIKEPROJECT

of Wilmington, Inc.

## Urban Bike Project GirlCYCLE Summer Camp Application

Connecting Youth Creatively & Leading Explorations

To be filled out by the camper (not the adult):

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Do you own a bike (please circle one)? Yes      No

If yes, where is your favorite place to ride? \_\_\_\_\_

Have you ever been to Urban Bike Project before (please check one)?      Yes      No

What is your favorite thing to do outside?

What are you hoping to experience in the GirlCYCLE Bike Camp?

### **Behavior Guidelines:**

I agree to behave respectfully of camp counselors and fellow campers. This means that I will not verbally insult anyone, I will treat others as I would like to be treated, and I will follow directions if asked to do something by an adult. I understand that participating in summer camp is a privilege, and if I am unable to treat others with respect, I may be dismissed from camp. I also understand that I will be learning new skills, and that some of these skills will take practice before I can master them. I agree to be open to learning new skills, and that I will keep trying if a new skill is difficult for me at first.

Camper Signature: \_\_\_\_\_



# urban bike project

of wilmington, inc  
a nonprofit 501(c)3 bike shop

## Summer Camp Permission Slip

This form verifies approval and consent for minors under 18 years of age to participate in summer camp at Urban Bike Project. Camp takes place at our shop at 1500 N. Walnut St., as well as field trips throughout Wilmington. Advanced Bike Camp includes an overnight bicycle ride to Lums Pund State Park.

Please Choose One or More Camps:

☐ GirlCYCLE Camp, June 24-28

☐ Advanced Bike Camp, July 15-19

☐ Build-A-Bike Camp, August 5-9

Participant Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at start of camp \_\_\_\_\_

### Hold Harmless Agreement:

I understand that participation in camp activities, potentially including but not limited to bicycle mechanics, welding, mountain biking, bicycling on roads, and ziplining involves risk. I have carefully considered the risk involved and have given consent for my child to participate in all activities as described in the camp description on Urban Bike Project's website. I understand that participation in activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Urban Bike Project and all volunteers, related parties, or other organizations associated with the activities from any and all claims or liability arising out of this participation.

### Photo Release Agreement:

I, \_\_\_\_\_ do ☐ do not ☐ (check one) hereby give Urban Bike Project the right to use my child's photograph in all forms and media and in all manners, including for brochures, Facebook posts, advertising or any other lawful purposes, and I waive any right to inspect or approve the finished product.

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY AND HEALTH INFORMATION:

Participants Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor \_\_\_\_\_ (physician) at \_\_\_\_\_ (phone number) or Doctor \_\_\_\_\_ (dentist) at \_\_\_\_\_ or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to \_\_\_\_\_ (preferred hospital).

### 1. Parent/Guardian/Custodian with Whom Participant Resides:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

### 2. Medical Information:

Physicians name: _____	Dentist name: _____
Street address: _____	Street address: _____
City, State: _____	City, State: _____
Phone #: _____	Phone #: _____

Date of Last Tetanus: \_\_\_\_\_

Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Present Medications: \_\_\_\_\_

Are there any Conditions which could limit participation or result in emergency situation? \_\_\_\_\_  
\_\_\_\_\_

Other Medical Information we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Holder's I.D. \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_