



PROGRAM REGISTRATION FORM

Registration Date: \_\_\_\_\_ month day year

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
First Last

Home address: \_\_\_\_\_
(Including number, street, city, state, zip code)

e-mail Address: \_\_\_\_\_

Table with 3 columns: PARTICIPANT(S), EVENT/PROGRAM TITLE, PROGRAM DATE(S). Rows 1, 2, 3.

The February 2008 Full Cycle class series is free for YMCA members or \$10 for non-members, payable at the class. Programs subject to cancellation; registered participants will be notified.

Emergency Contact Information:

Name of Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Secondary Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

All participants must sign the following release. Parents or guardians must sign for minors.

I/We, realizing no insurance coverage is provided for the participant, will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in above-named program(s). Furthermore, I will hold harmless the Whatcom Council of Governments and EverybodyBIKE, employees/volunteers or anyone otherwise involved in named programs in the event of any accident or injury that might occur. Approved and properly fitted helmets must be worn for all on-bike activities.

I hereby give the Whatcom Council of Governments and EverybodyBIKE the right to use photographs taken of me and/or my child(ren) while participating in the above activity(s) for reproduction in any medium for purposes of advertising, trade, display, exhibition, or editorial use.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_
Participant 1

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_
Participant 2 or Parent/Guardian of Participant under 18

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_
Participant 3

What is the approximate longest distance you've biked in one day during the past year? \_\_\_\_ km \_\_\_\_mi

What kinds of bicycling have you done: [ ] local recreational [ ] long distance [ ] Commuting
[ ] Fitness Riding [ ] very little [ ] None [ ] Other: \_\_\_\_\_

What are the most important things you hope to derive from this course: \_\_\_\_\_

Please indicate any physical or emotional conditions that might limit your participation in this course: \_\_\_\_\_

[ ] Please check here if you are requesting a fee waiver.