



Youth Bike Club Guardian Consent Form

Youth Participant Information

Name			
Pronouns	<input type="checkbox"/> he/him	<input type="checkbox"/> she/her	<input type="checkbox"/> they/them <input type="checkbox"/> other: _____
Phone		Email	
<input type="checkbox"/> I want text updates and reminders		<input type="checkbox"/> I want email updates and reminders	
Age		Grade	
Birth Date mm/dd/yyyy		School	
How did you hear about this program?			
Do you own a bike?			
<input type="checkbox"/> Yes, I have a bike <input type="checkbox"/> No, I do not have a bike <input type="checkbox"/> and I would like to apply for an annual Mobi Bikes Community Pass <input type="checkbox"/> and I would like to apply for the Earn-a-Bike program			

Legal Guardian Information

Relationship to Participant			
Name			
Pronouns	<input type="checkbox"/> he/him	<input type="checkbox"/> she/her	<input type="checkbox"/> they/them <input type="checkbox"/> other: _____
Phone		Email	
<input type="checkbox"/> I want text updates and reminders		<input type="checkbox"/> I want email updates and reminders	

Emergency Contact Information

Relationship to Participant			
Name			
Pronouns	<input type="checkbox"/> he/him	<input type="checkbox"/> she/her	<input type="checkbox"/> they/them <input type="checkbox"/> other: _____
Phone		Email	
<input type="checkbox"/> I want text updates and reminders		<input type="checkbox"/> I want email updates and reminders	

For staff use only: Date Received _____ Received by (staff name) _____

Youth Participant Basic Medical Information (information will be held in confidence)

BC Care Card Number			
Doctor		Phone	
Does the youth participant have any known allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes, allergic to: _____ Is it life-threatening? _____ Common reactions: _____			
Do you have other medical, health, bodily conditions, or access needs that we should be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, more detail: _____ _____			

Shop Use and Group Ride Consent

I understand that by participating in Youth Bike Club, both in the shop program and on group rides, the dependent is exposing themselves to risk of being injured. If they attend group rides they will be going on rides on the road with a trained instructor and they will be expected to follow all rules of the road, including wearing a helmet at all times.

This program is run by Pedal Energy Development Alternatives and Our Community Bikes staff and volunteers. While all staff and volunteers take reasonable steps to prevent injuries, some degree of risk is inherent in cycling and working in the shop and may occur without fault on the part of the youths and PEDAL & Our Community Bikes staff and volunteers.

By participating in this activity, I agree that the activity described is acceptable and I acknowledge that I am aware of the risks involved.

Legal Guardian

Youth Participant

Signature

Date

Signature

Date

Photo Release Consent (optional)

Bike Club asks permission to take photos and/or videos in the shop and on rides. We use these photos to promote our programs so other young people find out about what we do on social media, print materials, and sometimes for program funders.

I give my permission for photography during Youth Bike Club/PEDAL Programs.

Legal Guardian

Youth Participant

Signature

Date

Signature

Date