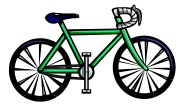


Revolution Kids Application Packet



Revolution Kids

Winter 2012 Earn-A-Bike

Ages 13-18

Starts January 26, 2012

Two evenings each week, 5:30 – 7:30 pm (Each student only comes to one evening session.)

Open Shop on Saturdays—Come to practice your repair skills!

There are limited spots available. Applicants are chosen based on application date, and the applicant's availability and willingness to commit.

Please turn this entire packet in together. Keep this first page for yourself to keep up with the dates and times of the program.

Partners:

Box of Rain organization

Annapolis Police Department

Annapolis Recreation and Parks

Annapolis Transportation Department

Funded in part through a generous grant from the Governor's Office of Crime Control and Prevention

To be completed by prospective *Revolution Kids* participant

- 1. What interests you about the Revolution Kids program?**
- 2. How comfortable are you riding a bike? (Please check one.)**

I need to learn how to ride a bike.

I know how to ride a bike, but need help feeling more comfortable.

I'm very comfortable on a bike, but am not sure about the "rules" of riding on the road with cars.

I'm very comfortable on a bike and know the traffic rules that help me

- 3. Do you own a bike?**
- 4. What type of bike would you like to earn? (please circle one)**

Road Bike Mountain Bike BMX bike Other

- 5. How many years have you been riding a bike?**

- 6. How often do you exercise?**

not much

a little each day

about 30 minutes per day

an hour per day

more than an hour per day

- 7. What type of exercise do you do on a regular basis?**

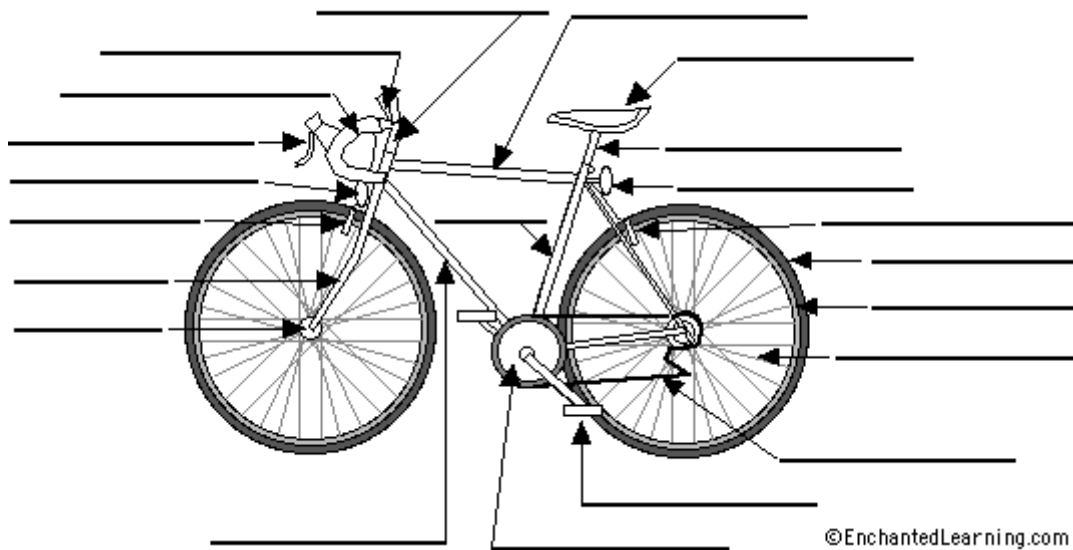
- 8. Please list three positive benefits of riding your bike:**

- 9. What do you already know about fixing bikes ?**

Anatomy of a Bike

Please label this bike with the following parts:

- Down-tube shifters top tube handlebars brakes
- Brake lever seat tube hub reflector fork
- Seat tire rim chain ring spokes
- Pedal head set



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Briefly tell us about a positive experience you have had with friends or a youth group?

Please explain a difficult experience you have had with friends or a youth group?

Revolution Kids (to be completed by parent or guardian)

Name of participant:

Program Permission:

I, _____ give my permission for my son or daughter, _____ to be in the *Revolution Kids* program. I understand that the program will meet each Thursday from 5:30-7:30pm and occasional Saturdays at the Pip Moyer Recreation Center at 273 Hilltop Lane. I understand that the Revolution Kids may sometimes go on bike rides outside of the PMRC and that all participants will be provided with bike helmets for all rides. I will not hold Box of Rain, Annapolis City Police Department, Annapolis Recreation and Parks Department, Transportation Department, or their funders responsible for any injuries or accidents that may occur during the *Revolution Kids* program. I have read and understand the *Revolution Kids* program rights and responsibilities.

Signature of Parent/Legal Guardian _____

Date _____

Medical Permission:

I hereby give my permission to the physician or hospital, selected by the bearer of this letter, to order x-rays, routine tests and treatment for the health of my child in the event that I cannot be reached in an emergency. Also, I hereby give my permission to the physician or hospital selected by the bearer of this letter, to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child, in the event that I cannot be reached in a medical emergency.

Signature of Parent/Legal Guardian _____

Date _____

Picture/Video/Name Release Form:

There will be times when *Revolution Kids* instructors will take pictures and videos of the participants in the program taking part in the activities. At times photographers and camera operators from the news media will also take images of the events. We need your permission to display these images and to use the name of your child/ward on the collaborative websites and to publicize our program in the media, newsletters, on bulletin boards, and various other presentation materials to promote *Revolution Kids*.

I _____ (DO/DO NOT) grant permission for **images** to be taken of my child/ward.

I _____ (DO/DO NOT) grant permission for my child's **name** to be used.

Signature of Parent/Legal Guardian _____

Date _____

Health Information & Emergency Contacts

Emergency Contact

Contact person #1 _____ Day phone _____

Relationship to student _____ Evening phone _____

Contact #2 _____ Day phone _____

Relationship to student _____ Evening phone _____

Medical Information

Please list any medical issues that Revolution Kids staff should be aware of (i.e. asthma)

List of allergies to food, insect bites, or medications _____

List any medications that staff should be aware of

Insurance and Hospital

Name of Health Care Provider _____

Health Card/Policy # _____

Physician's Name _____ Telephone # _____

Clinic or Hospital _____ Telephone# _____