



Teens Biking to Destinations Registration Form

Teens Biking to Destinations (TBD) is a bike education program for middle and high school students. Through hands-on activities and group rides on neighborhood streets, students learn basic bicycle maintenance, safety, and handling skills. The program curriculum is built on the idea that bicycles can be vehicles for transformation as well as transportation. The program aims to provide a foundation for young people to grow on and off their bikes. To better equip participants, those who complete the program are eligible to receive a new bike, helmet, lock, and set of lights. Find more details and the program schedule on our website at <https://www.intercitytransit.com/services/walknroll/teens-biking-destinations>

Dates of Session: _____

Name: _____ Pronouns: _____ Age: _____

School: _____ Grade: _____ Birth Date: _____

Requested Session if applicable: _____ Height (for bike fit): _____

Guardian Name: _____

Guardian Phone: _____ Guardian Email: _____

Address: _____ City: _____ Zip: _____

Do you know how to ride a bike without training wheels:

How confident are you while riding your bike: _____

Emergency Contact #1

Name: _____ Relationship: _____

Address: _____ city _____ zip _____

Cell Phone: _____

Emergency Contact #2



Name: _____ Relationship: _____

Address: _____ city _____ zip _____

Cell Phone: _____

Medical Information

Asthma or Allergies (food, bee stings, etc.):

Accommodations:

Any addition information to help us better serve this participant

Participant's primary medical care provider: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____

Teens Biking to Destinations is supported with funding from Washington's Climate Commitment Act. The CCA supports Washington's climate action efforts by putting cap-and-invest dollars to work reducing climate pollution, creating jobs, and improving public health. Information about the CCA is available at www.climate.wa.gov.

INTERCITY TRANSIT WALK N ROLL PROGRAM

ACKNOWLEDGMENTS, DISCLAIMERS AND RELEASE OF LIABILITY

In this document, "Recipient" includes the individual participating in Intercity Transit's Walk N Roll Program event, class, or activity and his or her parents, guardians, assignees, personal representative and heirs.

In consideration of being permitted to participate in the Intercity Transit Walk N Roll program, the Recipient makes the following acknowledgments, disclaimers and releases:

Recipient acknowledges all risks and dangers in riding a bicycle or scooter and assumes the risk from all such activities. If the individual participating in the Program is under 18 years of age, the individual's parent or guardian states that the individual is qualified, in good health and in proper physical condition to participate in the program. If the individual participating is 18 or over, that individual makes the same statement.

Recipient hereby fully and forever waives and releases any and all claims, liability, losses, demands, and damages against Intercity Transit, its agents, employees, volunteers, representatives, officials and insurers from any and all liability, which exists or may arise in connection with any activity carried out as part of the program. This includes, but is not limited to, all claims, liability, losses, demands, and damages arising from or in connection with any instruction given, any bicycle, scooter, helmet, or other equipment supplied or given, any practicing of bicycle skills or operations such as a "bike rodeo", any bicycle trip taken, and any use of a bicycle or scooter as part of the class. This waiver and release includes, but is not limited to, any claim by Recipient against the School District or other organization for which the School District or other organization may claim reimbursement or indemnity from Intercity Transit.

I have read and fully understand this document. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or

assurance. I agree that if any part of this document is held to be invalid, the rest will continue in full force and effect.

Participants Name

Address and telephone number

Date

Signature

If participant is under 18 years of age:

Signatures of parent or guardian

Printed name of those signing



Image Release

For valuable consideration in the form of participation and recognition, I hereby irrevocably consent to and authorize the use and reproduction by Intercity Transit, or anyone authorized by Intercity Transit, of any and all photographs, including images in any form, which any contractor or representative of Intercity Transit this day has taken or made of me, for any purpose whatsoever, without monetary compensation to me. All images, in digital or print form, shall constitute Intercity Transit's property, solely and completely.

Participants Name

Date

Signature

If participant is under 18 years of age:

Signatures of parent or guardian

Printed name of those signing



Permission to Transport Youth Participant

Participant's Name: _____

Program Name: _____

Program Location: _____

Program Dates: _____

Dear Parent/Guardian,

During Walk N Roll programming, there may be occasions when Intercity Transit staff will need to transport participants to and from program activities using Intercity Transit vehicles. Please sign below to grant permission for your child to be transported by Intercity Transit staff during program hours and related activities.

Parent/Guardian Consent

I give permission for Intercity Transit staff to transport my child to and from program activities in an Intercity Transit vehicle as part of the Walk N Roll program.

I understand that all transportation will be conducted by authorized Intercity Transit staff and that every effort will be made to ensure my child's safety during transit.

I release Intercity Transit, and its staff from any liability arising from transportation provided in connection with the program, except in cases of gross negligence or willful misconduct.

Parent/Guardian Name (print): _____

Signature: _____

Date: _____



Walk N Roll Program – Sunscreen Permission

Program Name: _____

Program Date(s): _____

Location: _____

Participants Name: _____

Dear Parent/Guardian,

As part of our commitment to keeping children safe while enjoying outdoor activities, we encourage the use of sunscreen to protect against sunburn and skin damage. Please indicate your permission for staff to offer your child sunscreen during the Walk N Roll program.

I release Intercity Transit, and its staff from any liability arising from offering sunscreen to my child, regardless of whether my child accepts or refuses the sunscreen.

Parent/Guardian Permission (please check one):

☐ **I give** Walk N Roll staff permission to offer my child sunscreen.

☐ **I do NOT give permission** for Walk N Roll staff to offer my child sunscreen.

Special Instructions/Allergies:

Parent/Guardian Name (print): _____

Signature: _____

Date: _____

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- ☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- ☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____