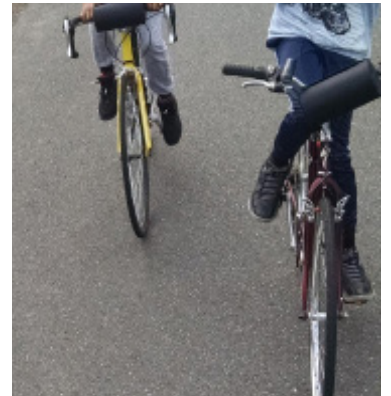
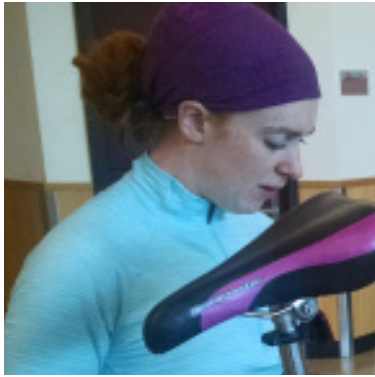


Want to learn to **repair & earn** a free bike?

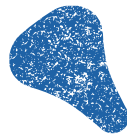


SIGN UP FOR A FUN, FREE AFTER-SCHOOL CLASS!



WHEN:

**Tues 2:35 - 5 p.m.
&
Thurs 2:35 - 5 p.m.**



WHERE:

**Tumwater Middle
School**
(Meet in old ISS room)



WHO:

**Open to all
TMS Students!**

For more information, contact Walk N Roll at
360-701-8379 or email walknroll@intercitytransit.com

INTERcity
TRANSIT



JOIN US FOR A

Fun, Free After-School Class

.....

Open to TMS Students
Classes are Tuesday & Thursday
Fall 2019

Earn-A-Bike classes are brought to you by Intercity Transit with grant funds supporting the Walk N Roll program. The Walk N Roll program works to build a generation of safe and healthy bicycle riders, walkers, and bus riders.

Each session students will learn basic bike mechanics from skilled, community volunteers and Intercity Transit Youth Education staff. When they graduate from class, each student will earn their own refurbished bike, helmet, lock, light, and bicycle map.

STUDENTS LEARN TO:

- Use basic tools for bike repair & maintenance.
- Change a flat tire.
- Fix shifting problems.
- Adjust brakes.
- Ride safely in their neighborhood and obey traffic laws.

WALK N ROLL OFFICE PHONE 360-705-5817

EMAIL walknroll@intercitytransit.com

WALK N ROLL CELL PHONE 360-701-8379
(Please only use on class days)

CLASSES WILL COVER:

DAY 1 - Fixing a flat tire, helmet fit, bike fit, bike drills in parking lot

DAY 2 - Fixing & adjusting brakes, hill climb on neighborhood roads

DAY 3 - Fixing & adjusting derailleurs, making left turns with traffic

DAY 4 - Riding with traffic, wayfinding using bike maps, planning safe routes

STUDENTS MUST ATTEND ALL FOUR DAYS OF CLASS TO EARN THEIR BIKE.

IF THEY MISS A CLASS, PLEASE CONTACT US TO ARRANGE OTHER OPTIONS.

**PLEASE KEEP THIS
PAGE FOR YOUR
REFERENCE.**

EARN-A-BIKE REGISTRATION FORM

Please share your contact information if your student would like to participate. We will call you to schedule and confirm your student's two-week session. *Students attend only one two-week session for a total of four days, two hours per day.*

STUDENT NAME _____

GRADE/AGE _____ **HEIGHT** _____
(Used for bike fit)

2019 SESSIONS AVAILABLE: 1. ____ **Sept 24, 26, Oct 1, 3** 2. ____ **Oct 8, 10, 15, 17**
*Please check all sessions your child can attend 3. ____ **Oct 22, 24, 29, 31***
*and **rate your session preference from 1-3.***

Student pick up is on Tuesdays and Thursdays at 5 p.m. If transportation prevents your child from participating, please contact us to make alternate arrangements.

PARENT/GUARDIAN NAME _____

SIGNATURE _____

PHONE NUMBER _____ **EMAIL** _____

Please circle the number that best describes your child's experience with riding a bike.

1	<i>Doesn't know how to ride a bike (student participation will be limited).</i>
2	<i>Knows how to ride a bike, but has limited experience.</i>
3	<i>Rides well/regularly, but away from cars (on trails & sidewalks).</i>
4	<i>Has ridden some in bike lanes and/or quiet streets with the company of an adult.</i>
5	<i>Rides confidently and independently, in bike lanes and on a variety of roads.</i>

OPTIONAL BIKE DONATION

We are happy to provide bikes refurbished with new parts by program volunteers to all of our participants. If you'd like to support our program, please consider making a donation in one of the following ways:

- ☐ I have a bike to donate for a middle school age or older student. (Bring to the final day of your child's session.)
- ☐ My child already has a bike that fits them (a bike will still be provided for class). Please don't send one home with him/her.

Complete and return form to front office at Tumwater Middle School or email to walknroll@intercitytransit.com.

For office use only: Dates scheduled _____ Liability Form: ☐ Yes ☐ No
Photo permission: ☐ Yes ☐ No



EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: _____ Date: _____

Student Name	Birthdate		Gender	Grade	Teacher	
Parent/Guardian Name	Address	City	Zip Code	Cell/Home #	Work #	Email
Parent/Guardian Name	Address	City	Zip Code	Cell/Home #	Work #	Email
Health Care Provider	Phone	Preferred Hospital		Dental Care Provider	Phone	
Type of Medical Insurance (circle one)	Private	Military/Tricare	Apple Health/Medicaid	None	Other: _____	
In an emergency and unable to reach parent/guardian, please contact:						
Emergency Contact Name	Address	City	Zip Code	Cell/Home #	Work #	Email
Emergency Contact Name	Address	City	Zip Code	Cell/Home #	Work #	Email

Life –Threatening Conditions RCW 28A.210.320 requires every public school to prohibit the attendance at school for any and all purposes for any student with a "Life-Threatening Condition" who does not have medication or treatment orders and a nursing care plan on file at the school. A "Life-Threatening Condition" is defined as a health condition that will put the child in danger of death during the school day if medication or treatment orders and a nursing care plan are not in place. Students who are not in compliance with RCW 28A.210.320 are prohibited from attendance until such time that they come into complete compliance. Any parent/legal guardian who contests the schools decision has the right to due process procedures as found in Tumwater School District Policy 3200. Does your child have a life threatening condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Epi-Pen prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No Allergic to: _____ Describe reaction: _____ Date of last reaction: _____ Does your child have severe asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Hospitalized/ ER visit/ Oral Steroids/ 2 unplanned visits with-in last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes <input type="checkbox"/> Bleeding Condition: Describe _____ <input type="checkbox"/> Seizures: Type _____ <input type="checkbox"/> Cardiac: Describe _____	Health Information <input type="checkbox"/> Allergies: Please list _____ Describe mild reaction _____ <input type="checkbox"/> Asthma: <input type="checkbox"/> with inhaler <input type="checkbox"/> without inhaler Triggers: <input type="checkbox"/> Resp. Infection <input type="checkbox"/> Exercise <input type="checkbox"/> Pollen <input type="checkbox"/> Molds <input type="checkbox"/> Animals <input type="checkbox"/> Smoke <input type="checkbox"/> Strong odors/fumes <input type="checkbox"/> Weather/Temp Change <input type="checkbox"/> Food _____ <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Speech Condition <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Feeding Support _____ <input type="checkbox"/> Mobility Support _____ <input type="checkbox"/> Other Health Conditions _____ Medication(s) Currently Used: _____ Taken at: _____ _____ <input type="checkbox"/> School <input type="checkbox"/> Home _____ <input type="checkbox"/> School <input type="checkbox"/> Home _____ <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> No Medical Conditions
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District Policy for Administering Medication to Students: Medications, prescriptive or over the counter, may be administered to students by building administrators or their designee(s) only with **WRITTEN PERMISSION of the parent/guardian AND a Licensed Health Care Provider's Order for Medication at School**. I understand that licensed health care providers have Authorization for Medication forms or the form is available at TSD schools or online at the TSD website.

If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person, if at all possible, and call 911, if the injury or illness warrants it. I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her safety at school. I understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured. I have read and understand this form.

Parent/Guardian Signature _____ Date _____

INTERCITY TRANSIT WALK N' ROLL BICYCLE PROGRAM

ACKNOWLEDGMENTS, DISCLAIMERS AND RELEASE OF LIABILITY

In this document, "Recipient" includes the individual participating in the Intercity Transit Walk n' Roll Bicycle Program 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 Bicycle Program, the Recipient makes the following acknowledgments, disclaimers and releases:

By signing below, the Recipient of any bicycle, bicycle helmet, lights and/or locks through the Intercity Transit Walk n' Roll Bicycle Program (Program) acknowledges the bicycle and other equipment is accepted in an "as is" condition with no warranties, expressed or implied, regarding the condition of the bicycle or other equipment or structural soundness of their components. Recipient acknowledges that, although reasonable efforts have been made to ensure that the bicycle and other equipment is in working order, no guarantees, representations, or warranties have been given to Recipient regarding the safety or other condition of the bicycle or other equipment. Recipient further acknowledges that no guarantees, representations, or warranties have been given to Recipient with regard to the existence or adequacy of any features on the bicycle that would render the bicycle fit for night riding or any other use.

Recipient acknowledges that some of the activities in this program will be conducted over public streets and sidewalks on which the hazards of traveling are to be expected.

Recipient acknowledges all risks and dangers in riding a bicycle, whether or not on streets

or sidewalks, 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 this 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 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 as part of the Program. This waiver and release includes, but is not limited to, any claim by Recipient against the School District for which the School District 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.

If recipient participating in the Program is under 18 years of age:

Student's Name

Signatures of parents or guardians

Printed names of those signing

Addresses and telephone numbers of those signing

Dates each signed

If recipient participating in the Program is 18 years of age or older:

Recipient Signature

Address and telephone number

Printed Name

Date Signed



Image Release

Date: _____

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, negative or positive, for any purpose whatsoever, without monetary compensation to me. All negatives and positives, together with the prints, shall constitute Intercity Transit's property, solely and completely.

Participant: _____
(signature of participant)

Address: _____

City: _____ State: _____ Zip: _____

I am 18 years or older: ____ Yes ____ No

If participant is under 18, signature of Parent/Guardian is required:

Intercity Transit staff member: _____
(signature)