

BIKES NOT BOMBS ~ GIRLS IN ACTION
Fridays 4 to 6:30 pm, May 2- June 27, 2008
PROGRAM APPLICATION

GIRLS Information

Please Print Clearly

Legal Name: _____
Last First Middle

Address: _____
Number Street Apartment

_____ City State Zip

Telephone #: _____ Date of birth: _____ Age: _____

School Name: _____ Grade: _____

Family Information

Guardian's Name: _____
Last First Middle

Address: _____
Number Street Apartment

_____ City State Zip

Daytime Telephone Number: () _____ Eves #: () _____

2nd Guardian's

Name: _____
Last First Middle

Address: _____
Number Street Apartment

_____ City State Zip

Daytime Telephone Number: () _____ Eves #: () _____

PERMISSION/WAIVER

I, _____ give permission for my daughter, _____ to participate in the *Bikes Not Bombs Girls in Action Program*.

I understand that the group meets every Friday from 4:00-6:30PM, at 284 Amory Street in Jamaica Plain. I understand as well that my child will frequently attend bike trips in and around the Boston area at other days and times.

I hereby release Bikes Not Bombs, any of the townships through which my child will ride, and any of the sponsors, fiscal agents, volunteers, or employees of any and all claims, demands and causes of actions arising out of participation in the Girls In Action Program. I have full knowledge of the risks involved and give permission for my child to participate in the program.

Signature of Parent/Guardian
(if participant is under 18 years of age)

Date

Paid fee of \$ _____ (\$30.00)

HEALTH INFORMATION AND EMERGENCY CONTACT

Name _____ Date _____

Allergies

foods, insect bites or medications: _____

Medical History/Current

Illnesses: _____

Any and All Physical Limitations:

Name of Health Care Provider: _____

Health Card/Policy#: _____

Physician's Name: _____ Telephone# _____

Name of
Clinic or Hospital: _____ Telephone# _____

In Case of an
Emergency contact: _____ Day phone# _____

Evening# _____

Emergency contact #2: _____ Day phone# _____

Evening# _____

MEDICAL PERMISSION

To whom it may concern:

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/Guardian

(if participant is under 18 years of age)

Date

***Effective the date signed this form will be used for Bike rides and outings organized by the Girls in Action Group. If there any changes in the information provided please contact Christina Illarmo as soon as possible at 617-522-0222.*

Picture/Video/Names Release Form

Periodically, Bikes Not Bombs (BNB) students and teachers (or volunteer professional photographers) take pictures and videos of each other participating in the various activities and programs at our youth center and related events. At times, photographers and camera operators from the news media will also take images of BNB program participants. We need your permission to display these images and to use the name of your child/ward on the BNB website and to publicize our programs in the media, in our newsletter, on bulletin boards, and various other presentation materials that exhibit the success of Bikes Not Bombs.

I DO / DO NOT (circle one) grant permission for **images** to be taken of my child/ward and used for display purposes outlined above.

I DO / DO NOT (circle one) grant permission for my child/ward's **name** to be used for the display purposes outlined above.

Date _____

Child's Signature

Parent/Guardian Signature