

## Earn A Bike Youth Application & Waiver

Name	D.O.B
Address	
City	State Zip
Guardian	Relationship
Phone	Cell Yes No
Emergency contact	
Phone	Relationship
Please list any allergies and	/or medications
background checks to ensure the the rules of the Earn A Bike pro supporters, responsible for inju Photographs taken of participal	n bicycle safety by the League of American Cyclists and have undergone e safety of your child. It is acknowledged that participants shall adhere to gram and shall not hold the Green Bay Bicycle Collective, it's staff, or ry or harm caused by negligence on the part of the participant. Into may appear in newsletters or social media for the purpose of al information of participants shall not be shared with the public.
Signature	
Date	