

**Community Bike Works**  
**Permission and Registration Form** (revised 6/2011)

Community Bike Works, a school, admits students of any race, color, national and ethnic origin to all of the rights, privileges, programs and activities generally accorded and made available to students at the school. Community Bike Works does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship policies and athletic or other school administered programs.

**PLEASE PRINT**

**LETRA DE IMPRENTA**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

School \_\_\_\_\_ ID # \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

I found Community Bike Works through \_\_\_ friend \_\_\_ teacher \_\_\_ counselor \_\_\_ if other list \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency Phone number (different than above) \_\_\_\_\_ Person's Name \_\_\_\_\_

The undersigned recognizes bicycling is not an absolutely safe sport or transportation mode, and that accidents can and do occur, despite all reasonable care. In considerations of the services to be rendered to the undersigned by Community Bike Works, the undersigned for him/herself and his/her heirs, personal representatives and assignees, hereby RELEASES and forever DISCHARGES Community Bike Works and all their employees and volunteers from any and all present and future claims, demands, obligations, liabilities and rights of action of any nature whatsoever, whether known or unknown, which might be asserted against Community Bike Works and any of their employees or volunteers, related to or by reason of any occurrence, event, transaction, matter, cause, fact or thing arising from or in conjunction with bicycle instruction, bicycle training, bicycle repairs, bicycle mechanics, bicycle safety instruction, bicycle rides, bicycle tours, bicycle competition, any other bicycle related activity, or any other activity or field trip conducted under the supervision of Community Bike Works

1.\_\_\_\_ (initial)

The participant named above has my permission to participate in the events listed above. I give this permission as their parent or guardian.

2.\_\_\_\_ (initial)

I grant Community Bike Works and/or its designates permission to use and/or publish any and all photographs and/or videos taken during all Community Bike Works' activities.

3.\_\_\_\_ (initial)

I will require the participant named above to wear a helmet whenever riding a bicycle.

4. \_\_\_\_ (initial)

In the event of an emergency, I give representatives of Community Bike Works the power to authorize medical care for the participant named above.

5.\_\_\_\_ (initial)

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Is your child allergic to anything? Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_

Does your child have any medical problems? Yes\_\_\_\_ No\_\_\_\_ If yes, please \_\_\_\_\_

Answers to these questions are required because of our federal funding.  
Complete the English or the Spanish, not both. This information is required to register your child.

**RACE & ETHNICITY:** This information is required solely to assure non-discrimination in Federally funded programs.

**Ethnicity** (Please select *one statement that best identifies your ethnic heritage*):

- I am Hispanic/ Latino       I am *neither* Hispanic *nor* Latino

**Race** (Please select one or more statements that best describe your racial composition)

- I am White       I am Black or African American       I am American Indian or Alaska Native  
 I am Asian       I am Native Hawaiian or Other Pacific Islander

**HOUSEHOLD & INCOME VERIFICATION**

How many persons are in your household? \_\_\_\_\_

Check the salary that applies to your family size. (Check only one.)

<u>Household Size</u>	<u>Yearly Salary</u> <u>(0-30%AMI)</u>	<u>Yearly Salary</u> <u>(31-50%AMI)</u>	<u>Yearly Salary</u> <u>(51-80%AMI)</u>	<u>Yearly Salary</u>
___ 1 person	___ \$0 – \$15,400	___ \$15,401 – \$25,700	___ \$25,701– \$41,100	___ more than \$41,100
___ 2 people	___ \$0 – \$17,600	___ \$17,601– \$29,350	___ \$29,451 – \$46,950	___ more than \$46,950
___ 3 people	___ \$0 – \$19,800	___ \$19,801– \$33,000	___ \$33,001– \$52,800	___ more than \$52,800
___ 4 people	___ \$0 – \$22,000	___ \$22,001 – \$36,650	___ \$36,651– \$58,650	___ more than \$58,650
___ 5 people	___ \$0 – \$23,800	___ \$23,801 – \$39,600	___ \$39,601– \$63,350	___ more than \$63,350
___ 6 people	___ \$0 – \$25,550	___ \$25,551 – \$42,550	___ \$42,551– \$68,050	___ more than \$68,050
___ 7 people	___ \$0 – \$27,300	___ \$27,301 – \$45,450	___ \$45,451– \$72,750	___ more than \$72,750
___ 8 people	___ \$0 – \$29,050	___ \$29,051 - \$48,400	___ \$48,401– \$77,450	___ more than \$77,450

Is female head of household? Yes \_\_\_ No \_\_\_      Do you have a disability? Yes \_\_\_ No \_\_\_

I hereby certify that all the information stated herein is true and accurate. **Warning:** The City of Allentown and HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Etnicidad (favor de marcar uno):

- Hispano o Latino    No Hispano o Latino

Raza (favor de marcar uno o más):

- Anglo       Negro       Indígena o Nativo de Alaska  
 Asiático/Asiática       Nativo de Hawai o de las Islas Pacíficas

Cuántas personas en su hogar? \_\_\_\_\_

Verifique el salario que aplica a su tamaño de la familia. (Verifique sólo uno.)

<u>Número en Familia</u>	<u>Salario anual</u>	<u>Salario anual</u>	<u>Salario anual</u>	<u>Salario anual</u>
1 persona	___ \$0 – \$15,400	___ \$15,401 – \$25,700	___ \$25,701– \$41,100	___ > \$41,100
2 personas	___ \$0 – \$17,600	___ \$17,601– \$29,350	___ \$29,451 – \$46,950	___ > \$46,950
3 personas	___ \$0 – \$19,800	___ \$19,801– \$33,000	___ \$33,001– \$52,800	___ > \$52,800
4 personas	___ \$0 – \$22,000	___ \$22,001 – \$36,650	___ \$36,651– \$58,650	___ > \$58,650
5 personas	___ \$0 – \$23,800	___ \$23,801 – \$39,600	___ \$39,601– \$63,350	___ > \$63,350
6 personas	___ \$0 – \$25,550	___ \$25,551 – \$42,550	___ \$42,551– \$68,050	___ > \$68,050
7 personas	___ \$0 – \$27,300	___ \$27,301 – \$45,450	___ \$45,451– \$72,750	___ > \$72,750
8 personas	___ \$0 – \$29,050	___ \$29,051 - \$48,400	___ \$48,401– \$77,450	___ > \$77,450

La cabeza de su hogar es una mejora? Si \_\_\_ No \_\_\_      Tiene Usted algún impedimento? Si \_\_\_ No \_\_\_

Con mi firma certifico que toda la información proveída en este documento es verdadera y correcta. **Advertencia:** La Ciudad de Allentown y HUD demandará afirmaciones y declaraciones falsas. La condena puede resultar en sanciones criminales y civiles (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

\_\_\_\_\_  
**Firma**

\_\_\_\_\_  
**Fecha**

(revised 6/10)

