

# REGISTRATION FORM – GRASS TRACK BICYCLE RACING

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_  
Parent (Guardian) \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent (Guardian) \_\_\_\_\_ Work Phone \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Montgomery Resident Yes \_\_\_ No \_\_\_ Are you willing to help coach ? \_\_\_\_\_

## Waiver / Release Statement

I realize that bicycling and bicycle racing involves vigorous physical activity that includes mounting and dismounting the bike, high speeds, racing against other children on a course or track, cycling drills with other children, instruction and practice of new cycling skills, and high level of physical exertion sometimes to near exhaustion, often during hot weather.

I understand that participation in the Grass Track Bicycle Racing program involves certain inherent risks and that regardless of the precautions taken by the City of Montgomery, Queen City Wheels, the coaches, or the participants, some injuries may occur. These injuries might include but are not limited to: Sprains and strains, broken bones, cuts, scrapes and abrasions, head injuries, paralysis, or death. These injuries may result from crashes, falls or other incidents between the participants, between the participant and a stationary object, between participant and a coach or spectator, a mishap due to a mechanical failure, or other not foreseeable mishap.

I certify that my child's' present level of physical condition is consistent with the demands of active participation in the Grass Track Bicycle Racing Program. The following is a complete list of all of known health conditions that might affect my ability to participate: \_\_\_\_\_  
\_\_\_\_\_

I have carefully read the foregoing document. I have had the opportunity to ask questions and have them answered. I am confident that I fully know, understand, and appreciate the risks involved in active participation in this bicycle racing program.

Having been informed of the above program to provide cycling for girls and boys, I, the parent or guardian of the above-named registrant, do hereby give my approval of this/her participation in any and all of the activities during the current season. I assume all the risks and hazards incidental to the conduct of the activities, and I do further release, absolve, indemnify, and hold harmless the City of Montgomery, Queen City Wheels, the organizers, sponsors, supervisors, coaches, volunteers, and officials, any or all of them. In case of injury to my son/daughter, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I am voluntarily requesting permission for my son/daughter to participate.

I agree that I am responsible for providing a safe, properly functioning bicycle and a certified, properly fitted bicycle helmet for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date