



District of Lantzville  
Incorporated June 2003

# District of Lantzville Parks & Recreation Commission

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[district@lantzville.ca](mailto:district@lantzville.ca)

[@DOLantzville](https://twitter.com/DOLantzville)

## Free Children's Cycling Safety Clinic

**Registration Form – Email this form to [katie@lantzville.ca](mailto:katie@lantzville.ca) or deliver to District Office**

In the District of Lantzville Children's Cycling Safety Clinic, coordinated and funded through the Parks & Recreation Commission, children enjoy 8 hours of *free* instruction taught by the Greater Nanaimo Cycling Coalition to improve cycling safety and bike knowledge. Sessions include riding in Huddlestone Park and on Lantzville Road. Prerequisites: able to ride a bike; brings a bike to the Clinic that is in good working order and fits child; has and wears at all times during clinic, a well-fitted helmet; and ideally no BMX bikes. Parent participation is greatly encouraged!

Each Clinic is comprised of four 2-hour sessions held at Costin Hall, 7232 Lantzville Road, **from 2:45 pm to 4:45 pm** (maximum 8 children per Clinic):

**Clinic #3** (for children in Grade 3 or 4) on Tuesday & Wednesday **October 4, 5, 11 & 12**

**Clinic #4** (for children in Grade 3 or 4) on Wednesday & Thursday **October 19, 20, 26 & 27**

Name of Program: **Children's Cycling Safety Clinic**

Location: **Costin Hall, 7232 Lantzville Road**

Clinic #3 (Grade 3 or 4) Tuesday & Wednesday  
October 4, 5, 11 & 12

Clinic #4 (Grade 3 or 4) Wednesday & Thursday  
October 19, 20, 26 & 27

Child's Name:		Name of person(s) authorized to pick up your child (including parents):	
Street Address:			
Phone:	Grade:	<b>Name</b>	<b>Phone</b>
Mother's Name:			
Email:			
Father's Name:			
Email:			
Contact in case of emergency:			
Phone:	Cell:	Note: Child will not be allowed to leave with anyone who is not on this list.	

Would you like to assist with any of the activities?  Yes  No

Will you be able to attend with your bike and ride along?  Yes  No

Authorization for your child's picture to be taken/used for promotions by the District and/or Partners.  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **MEDICAL INFORMATION**

Doctor's Name:	Phone:	Medications:
BC Medical Number (Care Card):		
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, allergic to:		Any physical or behaviour issues that may affect participation:

### **Authorization in Case of Emergency:**

In case of an accident (or serious illness), I authorize program staff to contact a physician or ambulance if I, or any other specified guardian, cannot be contacted immediately.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### **NOTICE OF COLLECTION OF PERSONAL INFORMATION**

Personal information on this form is collected pursuant to the *Community Charter* and the *Freedom of Information & Protection of Privacy Act (FOIPPA)*, is necessary for the operation of this program and will only be used for related purposes and in accordance with FOIPPA. Questions about the collection of your personal information may be referred to the Director of Corporate Administration at 250.390.4006.

**WAIVER**

In consideration of enrollment in the above program, I waive and release any and all rights of claim for damages I may have or acquire against the District of Lantzville and its officers, agents, servants, and employees for any and all injuries, infections, and sickness suffered by me and I acknowledge the rules laid down by this program governing its operation and that it remains the sole responsibility of the participant to act and govern himself/herself in such a manner as to be responsible for his/her own safety.

NAME OF PARTICIPANT:

SIGNATURE OF PARTICIPANT:

DATE:

**ALL PARTICIPANTS UNDER THE AGE OF 19 MUST OBTAIN PARENT/GUARDIAN CONSENT BELOW:**

PARENT/GUARDIAN:

ADDRESS:

PHONE:

**CONSENT:** I, \_\_\_\_\_, do hereby declare that I am the parent or legal guardian of the above participant, and hereby consent that he/she may be a participant in the above program.

**PARENT/GUARDIAN SIGNATURE:**

**DATE:**

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