

Dr. Gertrude A. Barber National Institute
136 East Avenue, Erie, Pennsylvania 16507
(West parking lot)

“Ready, Set, Ride!”
Bike Camp
June 6, 13, 20, 27, 2009

Application Form

Child’s Name: _____ Age _____ Date of Birth ____/____/____

Parent/Guardian _____ Home Phone: (____) _____

Address: _____ Work Phone: (____) _____

City, State, Zip: _____ Cell Phone: (____) _____

Is your child able to pedal and steer a bike but has not been successful in riding without training wheels? YES NO

Does your child have any medical concerns that we should be aware of for the bike camp? _____

If your child may become frustrated, what behaviors may we be prepared to handle? _____

Does your child have a bike? YES NO If yes, can you lower the seat so that their feet touch flat on the ground? YES NO

Does your child have a bike helmet? YES NO

Session Preference (1 hour): 9:45 a.m. 11:00 a.m.

A \$80.00 registration fee is enclosed? YES NO
(FSS allocation may be used.)

Parent/Guardian Signature

Date
