



# BICYCLE EDUCATION CONNECTICUT 2010

NAME:	<b>COURSE REGISTRATION</b>  <b>Traffic Skills 101</b>  Sun August 1, 2010 8:30-5:15  Course Location: <b>Central Connecticut State University</b>  Kaiser Hall New Britain, CT  <b>\$60. Class Cost</b>  <i>\$45. Discounted cost for Bike Walk CT members.</i>  <b>TOTAL PAYMENT</b> _____  <b>PAYMENT</b>  <b>Checks Payable To:</b> <i>BIKE WALK CONNECTICUT</i>  <b>Mail to:</b> Beth Emery CRCOG 241 Main St. Hartford, CT 06106  <b>Please register at least a week in advance. Thanks!</b>	
Address:		
City: _____ State: _____ Zip: _____		
Home Phone: _____ Cell Phone: _____		
Email address (s) so we can contact you with class details.		
Emergency contact; Name: _____ Phone: _____		
What is the longest distance you have ridden in one day in the past year? _____ What kind of riding do you do? Check all that apply. <input type="checkbox"/> Local recreation <input type="checkbox"/> Long distance <input type="checkbox"/> Fitness riding <input type="checkbox"/> Gym spinning <input type="checkbox"/> Utility/commuting <input type="checkbox"/> Very little <input type="checkbox"/> None What skills would you like to gain from this course? _____ _____ _____ _____ Do you have physical or emotional conditions that might interfere with your participation? _____ _____ _____		

<p><b>*RELEASE (signature required)</b></p> <p>I am aware of the risk of bicycling and otherwise participating in this event and voluntarily assume such risk. In consideration of being permitted to participate in this event: (1) I release for myself, my heirs, and personal representatives, the Capital Region Council of Governments, Bike Walk Connecticut, League of American Bicyclists and their respective directors, officers, volunteers, and staff (releasees) from any claim liability, demand, action, and cause of action whatsoever (collectively, "Claim") arising out of or related to any loss, damage or injury (collectively, "Loss"), to myself or my property, that I may sustain in connection with, or arising out of, this event, no matter what the cause; (2) if registrant is a minor, I (as parent or guardian) agree to indemnify and hold harmless each releasee against any claim for any Loss said minor may sustain in connection with or arising out of, this event, and against legal or other expenses incurred by any releasee in connection with defending any Claim by or on behalf of said minor for any such loss, no matter what the cause; (3) I shall obey all traffic laws and bicycling safety practices; (4) I agree to stop and seek assistance if I am not comfortable with the road conditions and or believe that it is not safe for me to continue to safely ride; (5) I will not wear or use or do anything that would pose a hazard to myself, or others, including using or ingesting any substance which could pose a hazard to myself or others; (6) I agree that if I do not act in accordance with this agreement I will be dismissed from participation; (7) I agree to wear a CPSC-approved helmet on all bicycle-riding activities at this event; and (8) I agree to allow photos taken of me in class to be used for bike education promotional purposes and in publication of Bike Walk Connecticut.</p> <p>Signature: _____ Date: _____  <small>(parent or guardian if under 18 years of age)</small></p>	<p style="text-align: center;"><b><u>Helmets are required of all participants.</u></b></p>
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<b>FOR INSTRUCTOR USE ONLY: TO BE COMPLETED FOR STUDENTS INTERESTED IN TAKING THE LEAGUE CYCLING INSTRUCTOR COURSE.</b>	
INSTRUCTOR NAME _____	LCI # _____
THE TRAFFIC SKILLS 101 STUDENT:	
RECEIVED BOOKLET <input type="checkbox"/>	COMPLETED CLASS <input type="checkbox"/>
WRITTEN SCORE _____	ROAD SCORE _____
LAB CERTIFICATE ISSUED <input type="checkbox"/>	