



**FAIRFAX COUNTY PUBLIC SCHOOLS
PARENTAL AUTHORIZATION
ACKNOWLEDGEMENT OF RISK
For Volunteer Spotters
(Lose the Training Wheels)**

Kilmer Middle School

I hereby grant permission for my son/daughter to participate in the Lose the Training Wheels Camp as a volunteer spotter, a weeklong bike camp that uses adapted equipment to help children with disabilities learn to ride a two-wheel bicycle. **The camp will be held at Kilmer Middle School from March 19- March 23, 2012 from 3:30 pm to 5:45 pm.**

I understand that participation in this event by my child is completely voluntary. By signing, I hereby expressly acknowledge that bicycling, like many sports involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. As the parent/guardian I accept such risks as reasonable and proper, and understand that Fairfax County Public Schools (FCPS) does not provide any type of accident or medical coverage for students who participate in camp, and if injuries do occur to my child, I also understand that school personnel will respond in the same manner that occurs during regular school hours.

I have had an opportunity to read a description of the Program and to discuss the Program and any questions I may have with school personnel.

By my signature below, I do authorize my child to participate as a volunteer spotter in the Lose the Training Wheels after school bike program.

Date

Print Student Name

Print Parent/Guardian Name

Parent/Guardian Signature



Lose The Training Wheels

Kilmer Student Volunteer/Spotter Registration

March 19- 23, 2012 (Every Day)

3:30-5:45PM

Sponsored by the Kilmer Middle School Afterschool Program

Thank you in advance for participating in Lose the Training Wheels , a weeklong bike program that uses adapted equipment to help children with disabilities learn to ride a two-wheel bicycle. We could not have provided this opportunity without you!

Please complete Registration and Permission (other side) forms and return to Mrs. Kardelis (D116).

Volunteer Name	
Age of Volunteer	
Home Address	
City, State, Zip Code	
Home Phone #	
Cell Phone #	
Email Contact	
Grade Level	
T-Shirt Size	Please Circle: Adult S Adult M Adult L Adult XL

Emergency Contact

In the event of an emergency, please provide a parent/guardian contact:

Parent/Guardian Name _____ Relationship _____

Phone Contact _____ Alternative Phone Contact _____

As a spotter, you will run alongside a child as they learn to ride a bike. You will provide physical support and encouragement.

Please mark your highest level of fitness:

I can run fast for one hour with short breaks.

I can run steadily for one hour with short breaks.

I can walk fast for one hour with short breaks.

I can walk steadily for one hour with short breaks.

I cannot walk at a steady pace for one hour with short breaks.