



## Program Description

The *Sprockids 8 Week After-School Program* is an after-school camp that teaches mountain bike riding skills. The program is a multi-tiered approach, designed to provide participants with the opportunity to experience success no matter what their riding skill level. The art of riding is broken down into 55 skills and four program levels taught in a graduated fashion, where each new skill builds on a previous skill. Through the sport of cycling, 9-12 year olds develop a strong sense of self esteem by discovering and building on the potential within themselves.

Sprockids is based on the following principles:

- 🚲 A fun way to develop a taste for cycling through cycling games and activities that are facilitated by a competent rider.
- 🚲 The needs of young people to seek strong sensations and to discover new ways to play, while developing personality.
- 🚲 Recognition of achievements of individual skills and group participation through the *Sprockids Passport of Accomplishment*.

## Specific Program Details

**Cost:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Rider Limit:** \_\_\_\_\_

**Registration Deadline:** \_\_\_\_\_

**Dates & Time(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Info:** \_\_\_\_\_

\_\_\_\_\_

## Rider's Registration Form

Rider's name: \_\_\_\_\_

School: \_\_\_\_\_

Program start date: \_\_\_\_\_

Age: \_\_\_\_\_ Contact number: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Amount paid: \_\_\_\_\_ (Payable to Sprockids Inc.)

Registration deadline: \_\_\_\_\_



## Rider's Mountain Biking Experience

I can ride on pavement:            no             a little             well

I can ride on flat trails:            no             a little             well

I can ride on mountain trails            no             a little             well

## Rider's Program Welcome

Welcome to your Sprockids After-School Program! Please take care of the following details so that your son or daughter is ready to ride:

1. The Rider reads the **Rider's Code of Ethics** before Session 1.
2. **Rider's Waiver & Photo/Imagery Permission Waiver:** please sign these forms and hand them in to the Sprockids Leader at the first session.
3. **Rider's Bike Check:** The Bike Check is meant to be a preventative inspection done by your local bike shop, with charges for necessary repairs. Please take your bicycle into the bike shop as soon as possible, as you may need to leave it there for a few days (bike shops tend to be busiest during nicer weather). Please have the bike mechanic complete the mandatory **Bike Check** on the following page. This **completed** form **must** be given to the Sprockids Leader at the first session.

Sprockids Leaders and staff are not responsible for the state of each rider's bicycle. It is the full responsibility of riders to ensure that their bicycle is properly maintained and safe.

4. Don't forget your helmet and a water bottle!
5. Each session starts at 3:30, rain or shine! Should it be *very* wet, riders will be working indoors on bike maintenance and cleaning.
6. Please be on time!

See you soon!

- Sprockids staff

## **Rider's Code of Ethics**

Sprockids asks that everyone who participates in our programs adopt the following behaviours:

### **Respect others**

- No put downs! Everyone has different abilities and reasons for riding. Respect that!
- All bikes are cool! Not everyone can afford the latest and greatest. The important thing is to get out and ride!
- Celebrate successes – your own successes and the successes of others!

### **Know your own abilities**

- Ride within abilities
- If you are more skilled, pass it on in a friendly way
- Help teach younger riders

### **Practice safe cycling**

- Always wear a helmet
- Always ride with a buddy
- Learn how to keep your bike in working order – carry a repair tool kit
- When you go riding, tell someone where you are going and when you will be back
- Wear clothes that suit the weather, and proper safety equipment to ride safely
- Be prepared – carry water, food and first aid supplies

## Rider's Bike Check

Rider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pass	Fail	Repaired	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handlebar, stem, seat, seat post, pedals, cranks and important bolts are all tight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gears shift smoothly, derailleurs, cables and housing in sound working condition, levers tight, limit screws properly adjusted.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes work properly, levers, cables and housing, pads in good working order and condition.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels are reasonably true with no broken or loose spokes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frame and fork are not bent, cracked, or otherwise seriously misaligned
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bearings in headset, bottom bracket, cones in hubs, are not excessively loose or in need of urgent repair.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires are not seriously worn, torn, cracked, cut, or in need of replacement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheel nuts and/or quick releases are properly installed and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bell, rear and front reflector/lights

Mechanic's Recommendations:

---



---



---



# Rider's Waiver Form

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Sprockids After-School-Cool mountain bike program, related events and Sprockids activities, the undersigned acknowledges, appreciates, and agrees:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Spinning Sprockets Inc., Sprockids, Giant Bicycles Canada, its staff, trainers, and school champions**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
 PARTICIPANT'S SIGNATURE PARTICIPANT NAME (printed)

X \_\_\_\_\_  
 WITNESS Date Signed: \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
 PARENT/GUARDIAN'S SIGNATURE PARTICIPANT NAME (printed)

X \_\_\_\_\_  
 WITNESS EMERGENCY PHONE NUMBER



# Photo/Imagery Permission Waiver Form

*Spinning Sprockets Inc., Sprockids and Giant Bicycles Canada*

Spinning Sprockets Inc., Sprockids and Giant Bicycles Canada periodically use photographs, videos, and stories in its promotions, advertising, educational and informational materials (“Materials”) and these may include members, employees, and the community at large.

We ask for permission to use your photo, logo, company name, and/or story (“Imagery”) in various forms of our promotional material.

I, \_\_\_\_\_, hereby grant Spinning Sprockets Inc., Sprockids and Giant Bicycles Canada, and its legal representatives the irrevocable right and unrestricted permission to use and publish Imagery of me, or the minor or the organization I am signing on behalf of, for any purpose authorized by Spinning Sprockets Inc., Sprockids and Giant Bicycles Canada, including but not limited to: website use, editorial publications, brochure, digital screens and advertising use. This grant includes the right to modify and retouch the images at the discretion of Spinning Sprockets Inc., Sprockids and Giant Bicycles Canada. I understand that the circulation of such materials could be worldwide via the Internet and that there will be no compensation to me for this use.

I understand that I will not be given the opportunity to inspect or approve the finished products or the advertising copy or the printed matter that may be used in connection therewith. In granting this permission to Spinning Sprockets Inc., Sprockids and Giant Bicycles Canada, and its legal representatives, I am fully and without limitation releasing it/them from any liability that may arise from the use of the Imagery. If I am signing on behalf of a minor or an organization, I confirm that I have the authority to do so.

I further agree to the inclusion of my personal name(s). Yes [  ] No [  ] Not Applicable [  ]

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

**I am signing on behalf of my child** Yes [  ] \_\_\_\_\_  
Child’s Name

**I am signing on behalf of an organization** Yes [  ]

\_\_\_\_\_  
Organization’ Name

\_\_\_\_\_  
Your Role with the organization