



Troy Police Department

# 2021 **ADVANCED** BE A BETTER BIKER CAMP

*Based on League of American Bicyclists: Traffic Skills 201*

July 19 – 23, 2021

9:00 AM – 11:30 AM

Location: Troy Jr. High School

Who: Completion of BASIC Camp or instructor permission

**ADVANCED Be a Better Biker Camp gives students the confidence to ride safely and legally in traffic through classroom and on-bike instruction. Students MUST be able to ride a bike competently without assistance prior to camp.**

**Completion of BASIC Be a Better Biker Camp (DATE: \_\_\_ / \_\_\_ / \_\_\_) or by permission is a PREREQUISITE. A helmet and properly-maintained, multi-gear bike are REQUIRED. Upon request, free helmets and loaner bikes will be provided.**

**Contact SRO Jeff Waite at 937-339-7525 ext. 1420 or [tracy.long@troyohio.gov](mailto:tracy.long@troyohio.gov) for more information.**

Biker's name \_\_\_\_\_ **Loaner bike?** YES or NO  
 Address \_\_\_\_\_ **Free helmet?** YES or NO  
 Home phone \_\_\_\_\_ Alt. phone \_\_\_\_\_  
 Email address \_\_\_\_\_ **T-shirt size?** YM YL YXL AS AM AL  
 Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Name of school \_\_\_\_\_ Entering grade \_\_\_\_\_  
 Name of parent/guardian \_\_\_\_\_  
 Medical concerns/allergies \_\_\_\_\_  
 Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

### Waiver and Release

We, the undersigned, being fully aware of the dangers inherent to the sport of bicycling, do give permission for our son/daughter to participate in the above program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Police Department, instructors, the supervisory staff, and their agents and servants, as a result of injuries incurred by our child while participating in this program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotions.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent or legal guardian)

Return registration form to **Hobart Arena Recreation Dept. Office** when completed.

*Females and minorities are encouraged to enroll*