



Free Neighborhood Bicycling-to-Better-Health Voyage

# “Season #8-Guaranteed-Great”

## Registration Form 2019

**Mission: Utilize bicycling to get families moving towards a more active healthy & happy lifestyle**

**Registration is Free & Required for all Participants Age 2-102**

“A limited number of free loaner bicycles and adult tricycles will be available on a first come, first serve basis”

**Cruise Dock-Conkey Corner Park-92 Conkey Avenue**  
**Cruise Route-Various loops on the El Camino Trail and Community Excursions**



**Pillars: Fun, Fitness, Food, Finance, Faith**  
**Program Dates**

**August 2, 2019-August 28, 2019**  
**Monday-Wednesday-Friday**

**6:00pm-8:30pm**

6:00pm-6:15pm Check-In & Warm-Up Exercises

6:15pm-6:30pm-Bicycle Sign Out

6:30pm-7:30pm-Physical Activity

7:30pm-7:45pm-Bicycle Return

7:45pm-8:30pm-Meals or Snack Trivia & Check-Out

**Circle T-Shirt Style- Child or Adult- Circle Size-S-M-L-XL-XXL-XXXL-XXXXL**



Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M \_\_\_\_\_ or F \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian/Emergency Contact Name and Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
**(In the event of an emergency you and/or your child will be transported to the nearest hospital)**

Physician's Name and Phone Number: \_\_\_\_\_

Please list allergies and treatment: (example-I have an allergy to peanut butter and bee stings, I carry an Epi-pen with me at all times)

Please list medical problems and treatment: (example- I have Asthma, I carry an Albuterol inhaler with me at all times.)

Conkey Cruisers Inc.  
P.O. Box 77380 Rochester, NY 14617-8380 (585)730-0295  
**ConkeyCruisers@Rochester.rr.com**  
www.ConkeyCruisers.org

**Cost to Participate**

Desire and willingness to pursue a healthy lifestyle

**Liability Release**

I understand that physical activity including but not limited to Bicycling and Tennis, can cause bodily harm. I hereby sign this liability release form on behalf of myself or my child. I acknowledge liability, release and hold harmless Conkey Cruisers Inc., its Administrators, Sponsors, Donors, Community Collaborators, and Volunteers from any and all liability of injuries, loss or damage to personal property, that may arise in the event of my participation, or my child's participation in the Conkey Cruisers Inc. activities and events. I agree to comply with all rules and regulations set by Conkey Cruisers Inc., as well as safety provisions.

**Permission to Track Health Status**

I, hereby sign this permission form on behalf of myself or my child, to have height, weight, blood pressure and pulse tracked for the purpose documenting and reporting the health benefits of an organized physical activity program. I acknowledge liability for my health and/or the health of my child, and release and hold harmless Conkey Cruisers Inc., its Administrators, Sponsors, Donors, Community Collaborators, and Volunteers from any health-related liability that may arise in the event of my participation, or my child's participation in the Conkey Cruisers Inc. activities and events.

**Photography/Videotape Release**

I, hereby sign this permission form on behalf of myself or my child, to be photographed or videotaped for the purpose of program promotions, documenting and reporting the health benefits of an organized physical activity program. Neither I, nor my child will receive compensation for photographs and/or videos.

Participant/Parent/Guardian  
Signature\_\_\_\_\_

Date\_\_\_\_\_

**Completed Registration Forms Must be submitted in Person:**

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