

Kids' Skills Course



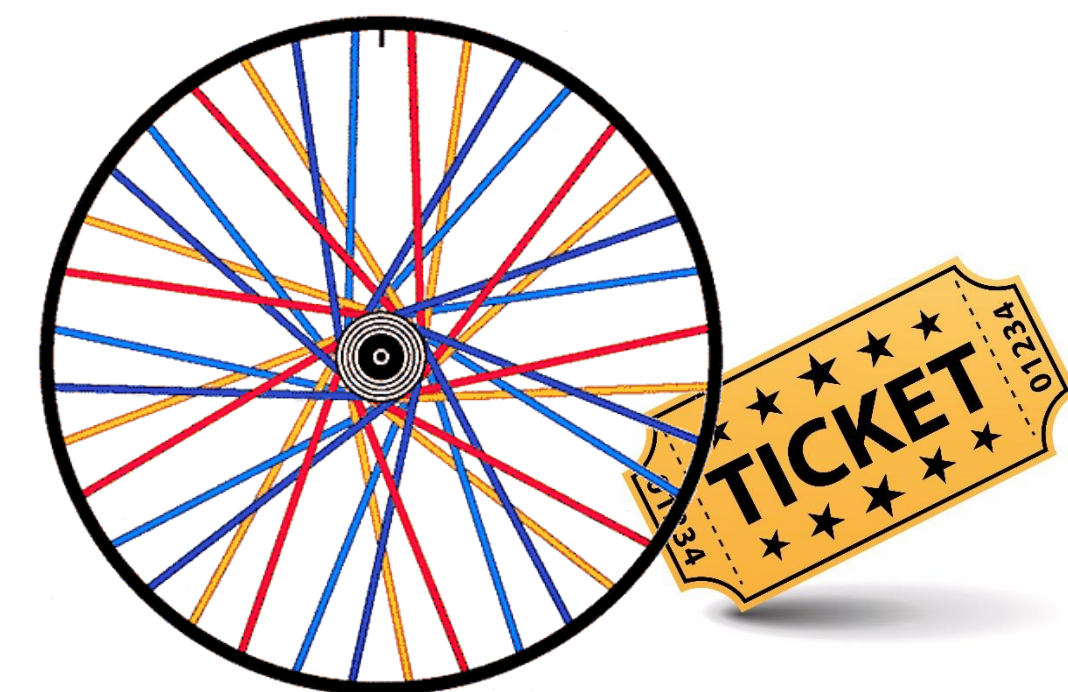
Free Bike Repairs



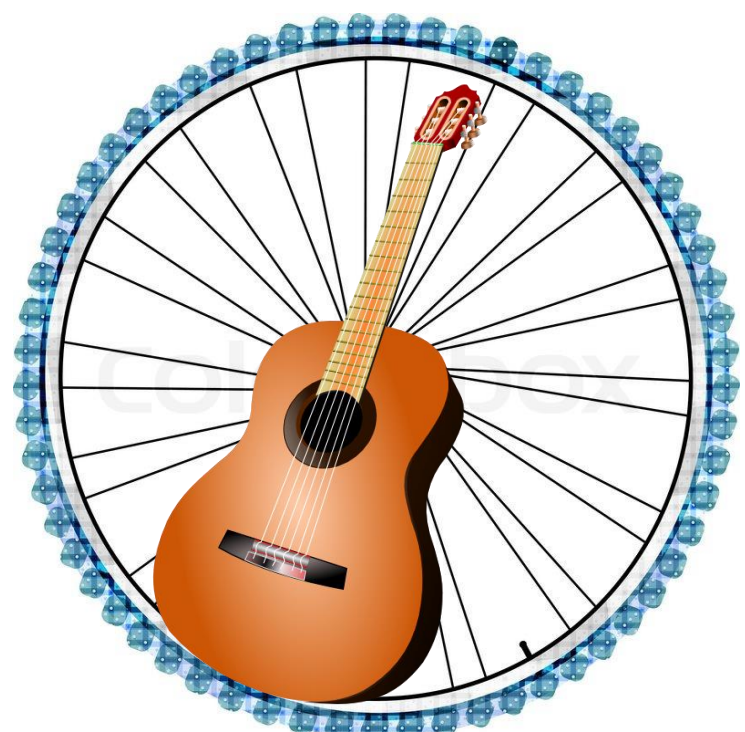
Kick Off National Bike Month



Bicycle Safety Information



Bike Raffles & Prizes



Live Music

Saturday, April 30, 2016

2.5-Mile Family Fun Ride at 10:30 AM

8.5-Mile Newark Loop Fun Ride at 11:00 AM

Newark Shopping Center

230 East Main Street Newark, DE

Rain or Shine!

\$5 for Adults
Free for Children

Benefiting
The bicycle
community of
Newark, Delaware

Helmets Required
Provided by DelDOT



Pre-Register by April 22
cityofnewarkde.us/play
(Guarantees Event T-shirt)



City of Newark Department of Parks and Recreation Activity Registration Form

Please print and fill out completely.

RESPONSIBLE ADULT

First Name	M.I.	Last Name	Must reside within the corporate limits of Newark.
<input type="text"/>	<input type="text"/>	<input type="text"/>	Resident* <input type="checkbox"/> Non-resident <input type="checkbox"/>
Mailing Address			Birthdate
<input type="text"/>			<input type="text"/> - <input type="text"/> - <input type="text"/>
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address			Please check if you would like to have receipt and information emailed to you. <input type="checkbox"/>
<input type="text"/>			

PARTICIPANT INFORMATION

First Name	M.I.	Last Name	Sex	Birthdate	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
Activity Number	Activity Name			Total Fee	
<input type="text"/> - <input type="text"/>	<input type="text"/>			\$ <input type="text"/> . <input type="text"/>	
<input type="text"/> - <input type="text"/>	<input type="text"/>			\$ <input type="text"/> . <input type="text"/>	

First Name	M.I.	Last Name	Sex	Birthdate	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
Activity Number	Activity Name			Total Fee	
<input type="text"/> - <input type="text"/>	<input type="text"/>			\$ <input type="text"/> . <input type="text"/>	
<input type="text"/> - <input type="text"/>	<input type="text"/>			\$ <input type="text"/> . <input type="text"/>	

HEALTH INFORMATION

Does participant have any allergies? Yes No

If yes, Please explain: _____

Does participant have any physical or mental conditions that might require special consideration/attention? Yes No

If yes, please explain _____

TOTAL AMOUNT \$.

ADDITIONAL INFORMATION FOR YOUTH SPORTS LEAGUES

Sports program (please circle one) Basketball Soccer

League Name _____ Last Year's Team (if in same league) _____

Shirt Size (please circle one) Y/M Y/L A/S A/M A/L A/XL Is sibling in same league? Yes No Name _____

Is parent interested in coaching? Yes No Name _____ Phone number _____ Email _____

Emergency Release Waiver

I, the undersigned (or parent or guardian of _____) hereby authorize the City of Newark, Department of Parks and Recreation and emergency care personnel to provide and render necessary medical care and treatment of myself and/or the asforesaid child for any illness or injury, which may be suffered at any time while participating in Department of Parks and Recreation programs. It is understood that time permitting, specific permission from parent/guardian or family member will be secured in the event of any medical treatment or surgery is to be undertaken, but that, should an emergency arise, this authorization and consent will cover such an event. Also, I/we hereby accept responsibility for any accident which may occur in connection with this recreation activity, hold harmless the City of Newark, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I/we understand that the City of Newark provides NO insurance coverage for this activity. I give permission for myself and/or my child to be photographed while participating and/or attending a Parks & Recreation activity. I understand that photos may be used in future publicity.

Signature (If under 18, parent/guardian must sign) _____ Date ____/____/____

The activities offered by the Newark Parks and Recreation Department are accessible to individuals with disabilities. If there are any reasonable accommodations that we might need to make for the participant to fully participate in this/these activities, please call the Parks and Recreation office to discuss the matter with the activity supervisor(s).

Please return registration form with payment to:
Newark Parks & Recreation Department
220 South Main Street
Newark, DE 19711
Fax (302) 366-7169

Payment type:	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Security Code <input type="text"/>
Card #	<input type="text"/>			
Exp. Date	____/____/____		Name on card (Print) _____	
Make check(s) or money order payable to: CITY OF NEWARK				

If you have questions about any of our programs, please call (302) 366-7000 or email parksrec@newark.de.us.