

# Central Park School for Children MOUNTAIN BIKE CAMPS

*Bikes, Exploring, The Ultimate Adventure*

---

July 9th-13th from 9:00 AM - 4:00 PM  
Mountain Bike Camp

The camp is for rising 5th-8th graders looking to adventure in Downtown Durham and Brumley Forest. The first half of the week will focus on urban riding + mechanics while the second half will be spent on single-track, cross-country mountain bike trails. The kids will learn how to anticipate different kinds of terrain, how to fix up their bike, all while forming new friendships.

CONTACT: Libba Moravec - Head Coach - [libba@cpsfc.org](mailto:libba@cpsfc.org)  
or Katie Moravec - Athletic Director - [katie@cpsfc.org](mailto:katie@cpsfc.org)



# Emergency Information Form

**Student**

**Name:** \_\_\_\_\_

**Sport:** Mountain Bike Camp  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone: \_\_\_\_\_

Guardian  
Email (s): \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

## Emergency Contact Information

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

# PERMISSION TO PLAY

I/We hereby authorize and consent to our child's participation in Mountain Bike Camp. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment.

I/We assume the risk of injury to our child that may occur in an athletic activity. In consideration of the acceptance of our child by CPSC in its athletic program, and the benefits derived by our child from participation, I/we agree to release and hold harmless the Central Park School for Children, its members, the directors, all coaches, and any and all other of their agents apart of the school system's athletic program, and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child's participation in interscholastic athletics.

I, \_\_\_\_\_, and I, \_\_\_\_\_  
*(parent/legal guardian's name)* *(student's name)*

understand the conditions for participation in this CPSC athletic program, and I/we understand there are inherent risks associated with participation.

I/We agree as follows:

My student has my/our permission to participate in the Mountain Bike Camp on July 9th - July 13th 2018.

I/We understand and conform to all the statements in the agreement and provide our signatures below:

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of additional Parent or LG*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*