#### RITENHOUSE STATION

Presents



### When

Saturday, May 16, 2015
Event Begins at 10:30 am
Ride Starts at 11:30 am
Rain or Shine!

## Where

Rittenhouse Station 250 South Main Street Newark, DE

Newark Parks & Recreation cityofnewarkde.us/play 302-366-7000

## Free for all ages & families

5 Mile Bike Ride Preregister at cityofnewarkde.us/play

# Donations of Bikes, Parts, Helmets & Canned Goods are encouraged

Benefiting
The Bicycle
Community of
Newark, Delaware!









## City of Newark Department of Parks and Recreation Activity Registration Form

Please print and fill out completely.

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RESPONSIBLE ADULT  Must reside within the corporate limits of Newark.  Birst Name  M.I. Last Name  Mon-resident
First Name M.I. Last Name Resident* Non-resident
Mailing Address Birthdate
City State Zip Code
Home Phone Cell Phone
Home Priorie    Cell Priorie   Cell
Email Address Please check if you would like to have
receipt and information emailed to you.
PARTICIPANT INFORMATION  First Name  M.I. Last Name  Sex Birthdate  Age
Activity Number Activity Name
3 6 0 2 - 2 0 5 Mayor's Fun Ride
First Name Sex Birthdate Age
Activity Number  Activity Number  Activity Name  Total Fee
3   6   0   2   -   2   0   5   Mayor's Fun Ride   \$   1   1   1     \$   \$   1   1     \$   \$
HEALTH INFORMATION TOTAL AMOUNT \$ FREE .
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
ADDITIONAL INFORMATION FOR YOUTH SPORTS LEAGUES
Sports program (please circle one) Basketball Soccer
League NameLast 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 NamePhone 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 Date
The activities offered by the Newark Parks and Recreation Please return registration form with payment to:  Payment type: Cash Check Credit Card Security Code
Department are accessible to individuals with disabilities. Newark Parks & Recreation Department  Sthere are appreciated by the Newark Parks and Recreation  Department are accessible to individuals with disabilities. Newark Parks & Recreation Department
night need to make for the participant to fully participate n this/these activities, please call the Parks and Recreation  Newark, DE 19711
office to discuss the matter with the activity supervisor(s).  Fax (302) 366-7169  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.