

**Registration Form for Smart Cycling Traffic Skills 101**  
**Saturday March 27th & April 3rd 9AM – 3 PM**

Presented by Ed Hein  
Co-sponsored by The Bicycle Club of Philadelphia and Suburban Cyclists Unlimited  
Hosted by the College Settlement Camps, 600 Witmer Road, Horsham, PA 19044

Please complete and return this registration form by Friday, March 19th, 2010. You will receive an e-mail or packet with final details, including directions and a list of what to bring, approximately 10 days before the clinic.

- **Registration is on a first come basis.**
- **All participants must register.**
- **One form per participant.**
- **Course is subject to cancellation if there are not a minimum number of registrants.**

I understand that participation in League of American Bicyclists activities, including the Cycling Clinic, is at my own risk and further understand that LAB policy requires that I obey all traffic laws and wear an approved safety helmet when engaging in cycle activities. My participation in LAB activities including the Cycling Clinic constitutes my representation that I am in good health and my acknowledgement that the officers and training leaders of LAB and the coaches of the Cycling Clinic cannot and do not assume any liability for personal injury or property loss sustained during LAB activities including the Cycling Clinic.

By my signature below and in consideration for being allowed to participate in the Cycling Clinic, I fully release LAB; the officers and training leaders of LAB; the coaches of the Cycling Clinic; The Bicycle Club of Philadelphia; Suburban Cyclists Unlimited; College Settlement Camps and the officers, directors, employees, coaches and agents of the preceding organizations and individuals from any liability specifically including but not limited to liability for their negligent acts, stemming from or relating to past or future LAB activities or events including the Cycling Clinic.

**I HAVE READ AND UNDERSTOOD THIS NOTICE AND RELEASE AND INTEND TO BE LEGALLY BOUND BY IT:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of parent or guardian if attendee is under 18 Date: \_\_\_\_\_

**LIST ANY PRE-EXISTING MEDICAL CONDITIONS AND/OR ALLERGIES THAT WE SHOULD BE AWARE BELOW OR INDICATE NONE (REGISTRATIONS RECEIVED WITHOUT COMPLETING THIS SECTION WILL NOT BE ACCEPTED):**

None  Pre-existing medical conditions \_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT LEGIBLY:**

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cycling level:  Expert  Intermediate  Beginner

Basic Registration Fee (Includes course notes and handouts)..... \$45*	* Lead at least five BCP rides in 2010 and your registration fee will be reimbursed. Simply contact the BCP Treasurer to request reimbursement.
Effective Cycling Textbook by John Forrester (Optional) ..... \$50	
<b>Make check payable to Ed Hein</b> Total enclosed..... \$_____	

**Send To:** 350 Glennbrook Way, Chalfont PA 18914  
For more information, contact Ed Hein at: [edhein@verizon.net](mailto:edhein@verizon.net) or 215-534-4807.