



Inner City Cycling Connection
A 501(C3) Non-Profit Organization

P.O. Box 82311
 Los Angeles, CA 90082

OFFICE USE ONLY	
Review By	_____
Race Number	_____
Status	_____
Other Info	_____

Office: (323)839-5012 Fax: (323)291-2582 Email: ic3cycling@gmail.com

www.innercitycycling.org

STUDENT REGISTRATION FORM

STUDENT INFORMATION (Please Print Clearly)

Student Name	_____		
	Mr./Ms./Mrs.	First Name	Last Name
Mailing Address	_____		
	Address	Street	Apt. #
	City	State	Zip Code
Contact Information	() --	() --	() --
	Day Time Phone No.	Night Time Phone No.	Cell Phone No.
	Fax No.: () --		
	Email Address:		
	Student Birthday:	Student Grade	
Student Sex: Male [] Female []			

Are there any medical conditions Inner City Cycling Connection, Inc. needs to be aware of?

NAME OF YOUR SCHOOL	_____
SCHOOL ADDRESS	_____
SCHOOL PHONE NUMBER	_____
NAME OF PRINCIPAL	_____
PRINCIPAL PHONE NUMBER	_____
PRINCIPAL EMAIL ADDRESS	_____
NAME OF ATHLETIC COACH	_____
ATHLETIC COACH PHONE NUMBER	_____
ATHLETIC COACH EMAIL ADDRESS	_____

STUDENT MOTHER INFORMATION (Please Print Clearly)

Mother Name			
Address			
Home Phone #	Work Phone #	Cell Phone #	
Email Address			

STUDENT FATHER INFORMATION (Please Print Clearly)

Father Name			
Address			
Home Phone #	Work Phone #	Cell Phone #	
Email Address			

EMERGENCY CONTACTS (Different From Parent(s)/Guardian)

Physician/Doctor Name:	Physician/Doctor Phone No:	Medical Issues:
Name:	Phone No:	Relationship:
Name:	Phone No:	Relationship:
Name:	Phone No:	Relationship:

EVENT THE STUDENT IS ENTERING**(Please place a check mark by the appropriate category or categories. Student can enter more than one)**

CATAGORY	CHECK BOX	OTHER INFORMATION
Race Meet	[]	
Hip Hop Sound Contest	[]	
Futuristic Bicycle Drawing Contest	[]	
Essay Contest	[]	
Coollest Bicycle Contest	[]	

QUESTIONNAIRE**(Please take a moment and answer the questions below so that we can continuously improve on the quality of this event)**

How did you hear about us?		
Does the student have prior cycling experience? If so, how many years? And what type of bike?		
Are there any professional cyclists in your family?	Yes []	No []
What other contest you would like to see at this event?		
Additional comment(s)		

******NOTICE******

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING THE RISKS ASSOCIATED WITH CYCLING, AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY INNER CITY CYCLING CONNECTION, INC., IT'S ASSOCIATIONS, CORPORATION BOARD OF DIRECTORS, IT'S RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, HOLLYWOOD PARK CASINO, AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS ENTRY BLANK AND RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL INNER CITY CYCLING CONNECTION, INC., ACTIVITIES REGARDLESS WHETHER OR NOT LISTED ABOVE. IN ADDITION, BY SIGNING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE FACT THAT INNER CITY CYCLING CONNECTION, INC. AND ITS AFFILIATES

(COLLECTIVELY "RELEASEES") ARE IN NO WAY LIABLE FOR ANY INJURIES SUSTAINED OR LOSS OF PROPERTY DURING PARTICIPATION IN THE BICYCLE RACE MEET AND FESTIVAL.

IN ADDITION, BY SIGNING THIS CONTRACT/REGISTRATION FORM, I AM AGREEING TO ALL TERMS AND CONDITIONS SET FORTH WITHIN.

- 1) _____ (MEDIA RELEASE) I give permission for photos, video footage, and voice of the student listed in this contract taken at INNER CITY CYCLING CONNECTION, INC. and its related functions to be used for all promotional purposes (website, myspace, facebook, magazine, flyers, posters, television, radio, etc.)

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent of _____ (child). My child is in excellent physical condition and is fit to register and participate in the INNER CITY CYCLING CONNECTION, INC. BICYCLE RACE MEET AND FESTIVAL. I HAVE READ AND UNDERSTAND THE ABOVE CONTRACT. In consideration of allowing my child to participate/register I shall consent to the contract and agree that ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD, my heirs, legal representatives and assignees. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM IN ANY LIABILITY that I or my child may allege against the RELEASEES (including reasonable fees and cost) of any injury WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES on my behalf or on behalf of my child regarding any claim of rising from my child's participation/registration in the BICYCLE RACE MEET AND FESTIVAL.

Signature of Parent or Guardian _____ Date _____

After filling the form out, please email it to ic3cycling@gmail.com or drop it off at a designated location.

I HAVE READ ALL THE TERMS AND CONDITIONS SET FORTH IN THIS CONTRACT AND UNDERSTANDS THEM FULLY

Signature of Student _____ AGE _____ DATE _____

Signature of Parent/Guardian _____ DATE _____