

On going 2012



# Cycling from the Inside Out

Stationary Cycling offers a unique opportunity to develop muscular awareness. Without the need to focus on traffic & road conditions, one is free to explore the body mechanics of the movement to improve and understand cycling mechanics. Intensity is self regulated, as one creates their own "hills". This class offers personal instruction.

**Instructor:** Kelly Chevalier

**Dates:** On going

Check VPD on-line calendar for breaks or cancellations  
or Call the office at 206-463-9602

**Ages:** 18 and up

**Fee:** Punch card options (**Expires 90** days after Date of Purchase)

6-punch = \$60

12-punch = \$120

Drop-in = \$12

**Location:** Ober Park Performance Room

**Time:** 11:00 a.m. - 12:00 Noon

**Days:** MONDAY & FRIDAY

Additional 30 minutes of weights after class. Punch card can be purchased at Ober Office only for \$2.50 a punch minimum 4.

**Requirements:** Cycling clothing and running or tennis shoes. Bring water and towel.

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**Questions? Contact Us!**

(206) 463-9602 phone  
(206) 463-9614 fax

[www.vashonparkdistrict.org](http://www.vashonparkdistrict.org)

17130 Vashon Hwy SW  
P.O. Box 1608  
Vashon Island, WA 98070

Office Hours:  
8 a.m. to 4 p.m.,  
Monday thru Friday

**IMPORTANT!** Registration packets without required signatures, payment, Reduced Fee and/or Payment Plan paperwork, if applicable, will **NOT be accepted** until all required documents are received. This will affect placement on the program roster.

**PLEASE SEE ATTACHED PAGE FOR REGISTRATION**



**Cycling  
from the  
Inside Out**
**Session dates:** On Going  
**Time:** 11 AM to 12 Noon or 12:30  
**Location:** Ober Performance  
**Instructor:** Kelly Chevalier

**Days:** Mon & Fri  
**Ages:** 18 and up  
**Fee:** Punch Card  
 CCW\_\_\_\_PP\_\_\_\_RFA\_\_\_\_

Payment Date: \_\_\_\_\_ Amt: \_\_\_\_\_ TYPE: \_\_\_\_ CC \_\_\_\_ CHK# \_\_\_\_\_ Cash \_\_\_\_\_ Web \_\_\_\_\_

**Registration Information:** Please complete side 1 and 2 of this form. If you have a Park District On-line Profile fill out the \* lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases on side 2.

\* Name of Participant: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

\* Parent or guardian name: \_\_\_\_\_

\* E-mail: \_\_\_\_\_  I do not wish to Receive promotional e-mail

**Stop!** If you have registered for a park program in the last 6 months you do not need to fill out the below information. Please proceed to the waiver page.

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home address if different from above: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

 (Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency back-up contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

 I DO or  DO NOT have any medical conditions.

Please list all medical conditions: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Doctor phone: \_\_\_\_\_

Location: \_\_\_\_\_

 How did you hear about this program?  Newspaper  Website  Mass email  Poster

 School registration packet  Word of mouth  Billboard  Repeat session  Other

 Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

 Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

 Yes! I want to **donate** to VPD's Reduced Fee Fund. Amount: \$ \_\_\_\_\_ Thank you!

# Disclaimer, Release and Waivers

**Vashon Park District Refunds & Cancellations:** Refunds will be issued only if requested no fewer than 7 business days prior to program start date OR in the event of documented medical reason or significant family emergency. ALL refunds will be assessed a \$25 processing fee.

**Disclaimer:** In consideration of the Vashon Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian/Participant if 18+ years old signature)

Please print name \_\_\_\_\_

## Photo Release:

I hereby give to Vashon Park District, its designees, agents, and assigns, perpetual, non-exclusive, royalty-free, and unlimited permission to use, publish and republish reproductions of my or my children's likeness (photographic or otherwise), with or without identification of me or them by name, in print, electronic, or any other medium, including but not limited to our web site and in any publicity or other materials.

Consent of parent or legal guardian if above individual is a minor

I consent and agree, individually and as a parent or legal guardian of the **minors name listed below**, to the foregoing terms and provisions.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to minor

## Concussion Waiver:

I, \_\_\_\_\_, have read and understand the **Concussion Information sheet** provided by Vashon Park District and hereby release VPD, the VI School District, their employees, agents, volunteers, and designees from any liability related to my child suffering a Concussion/Head Injury while engaging in this activity. Parent/Guardian Initial \_\_\_\_\_

**Mail completed form to:** VASHON PARK DISTRICT, P.O. BOX 1608 Vashon, WA 98070 or

**Place** in the secure mail slot drop box on the north entrance of the District Office at Ober Park facing the parking lot or

**Register online at** [www.vashonparkdistrict.org](http://www.vashonparkdistrict.org).