



Bike to School Day: Bike Rodeo
Registration Form
Rain Date: Thursday, May 9

The City of Livonia and Livonia Bike Walk invites your child to take part in our first-ever Bike to School Day: Bike Rodeo on **Wednesday, May 8 from 3 - 5:30 p.m.** at John Stymelski Veteran's Park! All are welcome to attend this free event celebrating National Bike to School Day. Activities include safety demos, on road bike tour, skills competition, rules of the road and bike gear giveaways. To be guaranteed a t-shirt and swag bag, **please complete the pre-registration form by 5 p.m. on Friday, April 26.** Completed forms can be emailed to **sschwarz@ci.livonia.mi.us** or dropped off at the Jack E. Kirksey Recreation Center, 15100 Hubbard or Livonia City Hall Engineering Department. Every child that participates in the Bike Rodeo must have a completed registration form.

Parent/Guardian Name: _____ School(s): _____

Best Phone #: _____ Alternate Phone #: _____

E-mail #1: _____

Child's Name #1: _____ Birth Date: _____ Age: _____

Child's Name #2: _____ Birth Date: _____ Age: _____

Child's Name #3: _____ Birth Date: _____ Age: _____

Family Address: _____ City: _____ Zip: _____

Shirt Size (please circle one):
Child #1: YOUTH: S M L XL ADULT: S M L XL
Child #2: YOUTH: S M L XL ADULT: S M L XL
Child #3: YOUTH: S M L XL ADULT: S M L XL

Parents/Participant Waiver

The City of Livonia, its officials and representatives, either employed or volunteer, assume no responsibility whatever for any injury by the participant in the City of Livonia's activity/program. Further, to the best of my ability, I hereby certify that my child(ren) is in good health and physically able to participate in this activity/program and acknowledge the above medical conditions. I understand that all entries are accepted with the understanding that my child(ren) agrees to abide by the rules and regulations. I hereby expressly stipulate and agree to release, discharge, indemnify and forever hold harmless the City of Livonia and its assigns, agents, servants and employees for any damage, loss or injury which heretofore has been or which may hereafter be sustained by my child(ren) as a consequence of my child's participation in the City of Livonia activity/program.

Parent/Legal Guardian Name (please print): _____ Date: _____

Parent/Legal Guardian Signature: _____

Comments/Questions

How often do you ride: ___ Daily ___ Weekly ___ Monthly ___ Rarely

What projects would you like to see constructed to enhance Livonia's Bike/Walk or specific location for connectivity?
