

Bib # _____

PARENT PERMISSION FOR MINOR COVERED BRIDGE BIKE CLASSIC

PARENTS OF YOUTH UNDER 18
PLEASE FILL OUT COMPLETELY!

I give my son/daughter _____ my
permission to ride his/her bicycle in the Covered Bridge Bike Classic. My child will be
riding in the [] 100 mile route [] 60 mile route [] 10 mile route

In case of an emergency, I give the responsible parties of the Covered Bridge Bike
Classic authorization to take my child for treatment to medical facilities of their choice
and to medical personnel that can provide the help my child needs.

Please list all medical conditions that we should be aware of: _____

Name of Parent or Guardian (please print) _____

Signature of Parent or Guardian _____

Date _____

Phone _____ Cell Phone _____

Insurance _____ Policy # _____

In the event that CBBC personnel are not able to reach you in the case of an emergency
please list an additional person to contact:

Name _____ Phone _____

**Thank you for allowing your young adult to participate in the Covered Bridge
Bike Classic! This is a fundraiser to assist at-risk children and youth!**