

WCB'S BIKE CAMP

Photo ID Badge and Special Information Needed

Campers Name: _____

Photo ID Badge

Please send a recent head shot of your child to info@washcobikes.org

Also the following information:

Date of Birth _____

Child's hair color _____

Eye color _____

Height _____

Weight _____

Special Needs Information

Non-Medical Conditions: (behavioral issues, hard of hearing,)

Medical Information: (list medicine, epi-pen, inhalers, known allergies)

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date:

Check here if instructor is to hold medications-Child must self- administer medicine.