Youth Mechanic

Application Packet

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| --- | --- | --- |
| Name: | Grade: | Age: |
| Homeroom: | Date Of Birth | School: |
| Youth Phone: | Youth Email: |
| Parent Phone: | Parent Email: |

Parents/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (other than Parent/Guardian):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dismissal Procedure: (please check any appropriate box)

* My daughter/son is allowed to walk home alone.
* My daughter/son can only go home with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My daughter/son can NEVER go home with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My daughter/son can be dismissed to the following:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to daughter/son: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to daughter/son: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to daughter/son: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Household information (optional):

Languages spoken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My daughter/son does well with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My daughter/son needs extra assistance with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My daughter/son receives Free or reduced lunch at school? Yes \_\_\_ No \_\_\_

Additional Information about daughter/son: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement to Release Assumption of Risk and Agreement to Hold Harmless**

The undersigned is aware that there are certain risks involved in participating in the Gearin’ Up Bicycles after-school or summer program and its field trips including, but not limited, to risk of theft or of damage to my property and the risk of personal injury from participating in recreational activities. In consideration of my being granted permission to participate in these activities and to use the facilities of Gearin’ Up bicycles or their programming partners, their agents and employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin and successors hereby covenant to hold harmless and indemnify Gearin’ Up Bicycles and all of their officers, departments, agencies and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney’s fees), charges, liabilities, or exposure, however caused resulting from, arising out of, or in any way connected to my family’s participation in Gearin’ Up Bicycles after-school or summer program. I hereby give my daughter/son permission to go on field trips with this program. I understand that I will be informed in advance of any field trips. I have read and understand this Hold Harmless Agreement and by my signature agree to its terms.

No accident or medical insurance is provided for participants by Gearin’ Up Bicycles.

Print name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTOGRAPHY AND VIDEO RELEASE**

I grant to Gearin’ Up Bicycles, its representatives and employees the right to take photographs and videos of me and my property in connection any and all sponsored programs and events. I authorize Gearin’ Up Bicycles its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Gearin’ Up Bicycles use such photographs and videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Name (please print)        Youth Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Parent Signature Date

**Health Information**

Daughter/son’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of daughter/son’s health insurance provider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Yes or No concerning the following medical information:

Yes No Explanation & Comments:

Allergies No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(food, bees/insects, medication)*

Medications No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seizures No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Restrictions No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any special needs that you are aware your daughter/son has:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all medical conditions for which your daughter/son receives regular care:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gearin’ Up Bicycles, it’s employees, and program partners have my permission, in an emergency, when I cannot be contacted, to take my daughter/son to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment for the well being of my daughter/son.

Print name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Mechanic Agreement**

**Be Respectful….**

...of the space, staff, volunteers, participants, neighbors and community.  Be mindful of the volume of your voice and what you are saying. Gearin’ Up Bicycles is a space where everyone is welcome, make sure your conversations and tone reflect this.

**Be Resourceful….**

Use as little of supplies that are needed, recycle as much as you can and waste as little as possible (including time and space).  Use a used part or component first before using a new one.  Ask those around you for help or ideas in solving any problems.

**Be Responsible….**

Account for all tools and supplies at workstations during and after use. Notify a staff member of any missing or damaged tools or supplies from workstation before use. Arrangements for replacement must be made immediately for any tools that are found damaged, broken or missing. Please clean and keep work areas orderly during and after use.

**Use only the tools at the station where you are working.**

Ask the instructor for use of tools needed other than those at workstations. Return tools immediately after use. Tools cannot leave the shop. Use of power tools should be approved by a staff member and generally not allowed.

**Need Something….Ask**if you notice that there is a part, consumable, or other item that is depleted or that we don’t have, speak with a staff member and/or write it on the “What do we need” board with a dry erase marker.

**No Storage is Available.** You must take any personal bicycle, parts, project and any other personal property with you.  Storage is only available for specific use and all storage must be OK’d by the shop manager. Gearin’ Up Bicycles is not responsible for any property left without an arrangement.

**Do not leave personal property around or unaccounted for at Gearin’ Up Bicycles.** Gearin’ Up is not responsible for any property that is left or found unattended in or around the shop.

**No Bike Riding in the Shop.**

**Do not block doorways, halls or throughways with bicycles, projects, persons or other objects while at Gearin’ Up Bicycles.**

**Wear Appropriate Clothing.** Wear clothes that you don’t mind getting dirty while working in the shop. Closed toe shoes are required while working in the shop and must be worn at all times.

**Open toe shoes, sandals or flip flops are not allowed.**

Wear safety gear when needed including safety eyewear when using power tools.

**Use of the Gearin’ Up Bicycles computer, stereo and other media equipment is under the discretion of the staff member.** Please put CDs back in their cases when finished and close out web accounts and applications after using the computer. Gearin’ Up Bicycles is not responsible for open accounts or files left on the computer.

**No Personal Sales at Gearin’ Up Bicycles.** All sales of parts, accessories and bicycles should be completed by the staff member in charge.

**All food and packaging must be disposed of in the garbage when finished or taken with you upon leaving.**

**No smoking in or outside of shop**

**No use of controlled substances in or outside of shop**

Print Name of Youth mechanic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Youth Mechanic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_