

Wheels in Motion Application Form

Today's Date _____

Child's Name _____ DOB _____ Grade _____

Street Address _____ Town _____ Zip _____

Parent's Name _____ Home Phone _____

Parent's Cell _____ Parent's Email _____

Riding level Does not know how to ride a bike Some riding experience Handles a bike very well
 Check here if you would like to be included on Listening's email list. Typically we send no more than two emails a month informing you of upcoming events.

Name & phone for non-parent emergency contact _____

Relationship to child _____

Child's Physician _____
Name Facility/Practice Name Phone

Date of child's last physical contact with his/her physician _____

Does your child have health insurance? Yes No

Do you anticipate any problems having your child's physician complete our health form prior to acceptance into the Wheels in Motion program? Yes No If Yes, please explain: _____

Please make your check payable to *Listening Wellness Center* according to the categories listed below.

- Payment: \$400 per adult/child pair (\$150 for each additional child)
- Reduced/Free Lunch eligible? Call for scholarship information.

Listening occasionally takes photos to use for press releases, newsletters, our website, etc. Do we have your permission to take your child's photo? Yes No Yes, but do not print his/her name.

I have downloaded and read the *Wheels in Motion Responsibility Form*. My child and I are aware of our responsibilities, as well as the Program's responsibilities. By signing below we agree to adhere to the terms of the program to the best of our ability. (Make sure you read the *Responsibility Form* before signing below.)

If you are unsure of any aspect of the *Responsibility Form*, please contact Debbie Ennis @ 978-257-8062.

Parent/Guardian Signature _____ Date _____

Youth's Signature _____

Mail Application to: Listening Wellness Center, P.O. Box 232, Barre, MA 01005 or Fax to 978-355-3502
Drop Off to: Listening Wellness Center, 35 South Street, Barre, MA 01005