

# NAYS Mountain Biking WEEK OF DIRT



- When:** Monday, July 13, 2009 through Friday, July 17, 2009  
Van leaves at 9:00am sharp and returns by 5:00pm.
- Who:** Open to all middle and high school students
- Where:** We will be traveling to a different area biking destination each day. The specific areas will be dependent on rider ability and weather conditions. They will probably include Charles Ward, Harold Parker State Forest, Bear Brook State Park, FOMBA trail network, and Waterville Valley, etc.
- Cost:** \$200
- What:** You should take a look at the detailed equipment list in this packet.

To sign up for this program NAYS should receive from you: this permission slip, medical form/liability waiver (possible already on file, call to check), payment (Make Checks to "Town of North Andover").

For more information, please contact Ryan Chasse, (978)682-9000x229, [rchasse@nayouth.com](mailto:rchasse@nayouth.com)

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I, (Parent or Guardian) \_\_\_\_\_ give my permission for  
(Participant) \_\_\_\_\_ to participate in the NAYS Mountain  
Biking Week of Dirt from Monday, July 13, 2009 through Friday July 17,  
2009

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

# NAYS Mountain Biking Clothing and Equipment List

Please do not omit items on the required list. **What you wear opening day is from this list.** Extra clothes and equipment that are brought beyond this list will be stored at NAYS at the beginning of the day.

## PERSONAL GEAR REQUIRED:

- Mountain Bicycle** Bicycle must be a 26" wheel bicycle, with multiple gears. It must have outdoor/dirt tires on it.
- Bicycle Gloves** Gloves should be bicycle specific. If they are not they should have a snug fit for good dexterity and a leather or synthetic leather palm.
- Bicycle Helmet** Helmet must be a single impact ANSI or SNELL approved helmet for outdoor bicycle riding.
- Safety Glasses** Glasses must have a polycarbonate lens or be rated as safety glasses. Most Sunglasses meet this criteria.
- Shorts** Shorts should be comfortable for moving around in, pedaling a bike and protect against abrasion when you fall. They should not be so loose that they are risking getting caught up in your bicycle.
- Shirt** Shirt should be at least short sleeve or long sleeve (no sleeveless). A good wicking material is recommended.
- Shoes** Shoes must be closed toe and should provide a good grip on the pedal. They should be comfortable for all day wear.
- Water Bottle** If you have a water bottle cage on your bicycle you may bring a bicycle specific water bottle. If you do not you may choose to bring a hydration pack or a small light backpack and a leak free water bottle. Any way you like, you must have the capacity to carry at least a quart (liter) with you.
- Spare Inner-tube** Please bring a spare tube that is the correct size for the tires on your bicycle tire. If you have two different tire sizes, please bring two different tube sizes.

**\*\*No Midriff-baring shirts**

**Note: No Leatherman, pocket or sheath knives, animals or weapons permitted on trips. No cell phones, Personal Game systems, or other hand-held electronic devices please.**

## OPTIONAL ITEMS:

- Camera
- Pads (shin, knee elbow, etc)
- Small Backpack/Hydration Pack
- Small Bicycle Multi-tool (Trip Leader will have all necessary tools for basic field repairs)
- Bicycle Pump/CO2 inflator
- Shock Pump

# Medical Information Form

Fill out this form completely to allow for your participation on the course

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**Name**

**Phone**

**Email**

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**Parents' Name**

**Phone**

**Email**

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**Address**

**City**

**State**

**Zip**

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**Date of Birth**

**Height**

**Weight**

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**Emergency Contact**

**Phone**

**Relationship to Participant**

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**Allergies:** Do you have any allergic reactions (e.g., to bees, drugs, foods, ect.)? If so, what are they?

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**Medications:** Are you taking medication (e.g., Tylenol, Orthonovo 777, Proventill, ect)? If so, what are they? What are they for? Do you have any medications with you?

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**Chronic Illnesses:** Do you have any chronic illnesses (e.g., diabetes, epilepsy, asthma, ect.)? Please list.

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**Physical Conditions:** Do you have any physical conditions that might limit or prevent you from participating in certain physical activities? If so, please describe such limitations and conditions on activities

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**Injuries:** Have you experienced any injuries (e.g., dislocations, sprains, ect.) within the last three years? If so, list here and identify when the injuries occurred and the extent or the severity of the injury. Have you fully recovered from this injury?

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**Physician:** Have you been treated by a physician in the past year? Have you been hospitalized within the past year? If so, please explain.

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**Primary Physician:** Name, Address and Phone Number

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**Insurance:** By what Insurance Company are you covered? If possible please include your I.D. number

This form is the property of North Andover Youth Services and will remain as a confidential record. Only the instructors and medical personnel have access to this information.

**North Andover Youth Services**  
**Release of Liability and Assumption of Risk**

This is to certify that, I **(Parent or Guardian)** \_\_\_\_\_, am fully aware that certain risks and dangers may exist during ropes course activities, climbing, orienteering, backpacking trips, initiatives, games and other activities which my son/daughter will be participating in under the auspices and sponsorship of the Outdoor Adventure Program and/or the North Andover Youth Services. I realize that these include, but are not limited to risks and dangers in motor vehicle travel, exposure to the forces of nature, travel in mountainous terrain and possible accident or illness in places remote from any medical facilities. I realize that the presence and supervision of staff does not necessarily guarantee safety or lessen the risks inherent to the activities. In consideration of the consent of the Outdoor Adventure Program that my son/daughter participate in climbing activities, ropes courses, backpacking, or in orienteering, or other activities between the dates of September 1, 2008 and August 31, 2009. I hereby assume all risk of injuries and damages to son/daughter, agree that in no case will I present or prosecute against the North Andover Youth Services, an of its board of directors, agents, employees, or specific site owners who may be working in conjunction with Youth Services, and/or any other who are involved, any action, compensation for injury, or damage suffered be my son/daughter, or the aforementioned activities. Whether the same be occasioned by the negligence by the North Andover Youth Services or any and all others who are involved, I agree further for myself and/or my spouse, and son/daughter, to hold the Youth Services, it's officers, agents, employees, and affiliates, free and harmless from and against any and all claims, by whomsoever made or presented, from damages or compensation from any and every such injury or damage suffered by my child including but not limited to superficial injuries, sprains, fractures, paralysis, or death.

Should my son/daughter incur an illness/injury while participating in the aforementioned activities, I hereby give my consent for my child to receive medical treatment.

I, **(Name of Participant)** \_\_\_\_\_, understand the inherent risks and dangers involved in the aforementioned adventure activities as described above and explained to me by my parent/guardian, and agree to participate in the said activities with parental permission.

I, **(Name of Participant)** \_\_\_\_\_ grant the North Andover Youth Services, persons acting for or through them, the right to use, reproduce, assign and distribute photographs, films, video tapes and sound recordings of myself to use for public relations, slide shows, newspapers and/or advertising for the North Andover Youth Services Program.

I agree with the Release of Liability and the Photo/Media statement and release all North Andover Youth Services Staff, Board of directors and the Town of North Andover.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If Child is under 18 years old)