



# COCHISE COUNTY CYCLING CLASSIC

Saturday, October 17, 2009

## BIKE PATROL APPLICATION



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

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

Phone (H): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (W): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone (C): \_\_\_\_\_

Occupation: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

T-Shirt Size: 

S	M	L	XL	XXL	XXXL
---	---	---	----	-----	------

For which Cochise Classic distance event are you applying to Bike Patrol?

92-Mile Event     45-Mile Event    No Bike Patrol for 157 & 252 Mile events.

**Expected Time\*** \_\_\_\_\_ **Hrs**    **You must enter an expected time.**

\* **Expected Time** is the time it would normally take you to ride the distance you are signing up for and is used for line-up purposes.

### IN ORDER TO BE CONSIDERED FOR BIKE PATROL YOU MUST ANSWER THE FOLLOWING QUESTIONS:

- (1) Which rides have you entered and completed?
- ( ) Tour of the Tucson Mountains                      ( ) Cochise County Cycling Classic
- ( ) El Tour de Phoenix                                      ( ) El Tour de Tucson
- (2a) Have you done **Bike Patrol** for any Perimeter Bicycling Event(s)?                      ( ) Yes                      ( ) No
- (2b) If "Yes", please list which event(s) including year(s)?
- ( ) Tour of the Tucson Mountains \_\_\_\_\_
- ( ) El Tour de Phoenix \_\_\_\_\_
- ( ) El Tour de Tucson \_\_\_\_\_
- ( ) Cochise County Cycling Classic \_\_\_\_\_
- (3a) Have you had any current First Aid Training?                      ( ) Yes                      ( ) No
- (3b) If no, would you be interested in participating in a basic First Aid Course?                      ( ) Yes                      ( ) No
- (4a) Is there a Bike Patrol partner you would like to be paired with?                      ( ) Yes                      ( ) No
- (4b) If "Yes", who? \_\_\_\_\_
- (5a) Are you skilled or experienced in basic bicycle maintenance and repair?                      ( ) Yes                      ( ) No
- (5b) Would you be interested in attending a basic bicycle maintenance/repair class?                      ( ) Yes                      ( ) No
- (6a) Are you currently Certified as Bike Patrol (attended class within last 2 years)?                      ( ) Yes                      ( ) No
- Check your certification status by going to [www.perimeterbicycling.com](http://www.perimeterbicycling.com) and click on Bike Patrol.
- (6b) If "No", please visit the Bike Patrol link on the El Tour de Tucson section of Perimeter Bicycling's website or call (520) 745-2033 to get the latest schedule for Training/Certification classes. Will you attend a class before event date?                      ( ) Yes                      ( ) No
- (7) Did you complete the reverse-side of this application?                      ( ) Yes                      ( ) No
- (8) Did you sign the Rider Waiver Form (on the reverse-side of this application)?                      ( ) Yes                      ( ) No
- (9) Did you include the Processing Fee? The Fee Schedule: if RECEIVED by:  
 Aug 31: \$20    Sep 1 - Sep 30: \$25    Oct 1- Oct 16 : \$30  
 Make check payable to Perimeter Bicycling Association of America, Inc.  
 Registrations must be received at Perimeter Bicycling no later than October 16, 2009                      ( ) Yes                      ( ) No
- (10) **As a member of Bike Patrol, you must take your time, stop and give assistance to other participants who need it, as well as report rule violations to Perimeter Bicycling Association. By participating as Bike Patrol, do you agree to do so?**                      ( ) Yes                      ( ) No

The answer to questions 6a, and 7-10 must be YES!

rev 3/17/2009 Code 1

# COCHISE CLASSIC - BIKE PATROL APPLICATION

Saturday, October 17, 2009

**SECTION I: CYCLING EXPERIENCE** - Please fill out as much as possible and answer the first three questions.

- (1) Is this your first cycling event?  Yes  No
- (2) How long have you been cycling? \_\_\_\_\_
- (3) Ability level? (Circle one)      Novice      Intermediate      Expert

**LIST ANY CYCLING EVENTS YOU HAVE PARTICIPATED IN OR ANY OTHER EXPERIENCE:**

(Except for the events listed on the reverse of this application)

<u>EVENT</u>	<u>DISTANCE</u>	<u>DATE(S)</u>
--------------	-----------------	----------------


**SECTION II: FIRST AID EXPERIENCE OR CERTIFICATION** - Please list all First Aid experience, current or expired.  
EXPERIENCE DATE(S)


**SECTION III:** Why do you want to be a Bike Patrol member?


**SECTION IV:** How did you hear about Bike Patrol?  Experienced Bike Patrol, please see list on other side

- OR - please describe: \_\_\_\_\_

## BIKE PATROL WAIVER (ALL RIDERS MUST SIGN THIS FORM)

As a participant in any Perimeter Bicycling Association of America, Inc. event, I agree to obey all laws of the State of Arizona which may apply to me during this event, especially traffic laws. I acknowledge that I must obey all traffic signals, devices and other traffic rules during this event. Unless instructed to the contrary by a law enforcement official, I agree to comply with all traffic regulations. **Cochise County Cycling Classic 92 and 45-mile events are finished at 6:00 pm on Saturday, October 17, 2009 and all course support will be closed. In signing this waiver I agree to be totally responsible for my own safety and support after 6:00 am on that day.**

In consideration of my application being accepted, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages, including, but not limited to, the loss of my bicycle, helmet or any other personal items, I may have against the State of Arizona, Arizona Department of Transportation, Arizona Department of Public Safety, City of Tucson, City of Douglas, Cochise County, Douglas Association of Retarded Citizens, State of New Mexico, Perimeter Bicycling Association of America, Inc., any and all governmental and tribal agencies, volunteers, any and all sponsors, beneficiaries and their representatives, successors and assigns for any and all injuries suffered by me as a result of taking part in this bicycling event and any related activities. I attest that I will participate in this event as a bicycling entrant; I will wear a CPSC/SNELL approved bicycle helmet; that I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I understand all fees and collected contributions are not refundable, nor transferable. Rider Numbers are also not transferable. I also understand that aero-type handle bars and motorized/battery powered vehicles are prohibited in this event.

Rider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if Rider is under 18) \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: ALL BIKE PATROL MEMBERS MUST BE 18 YEARS OF AGE OR OLDER ON THE DATE OF THE EVENT!**

Please bring or mail completed application with payment to:

Perimeter Bicycling Association of America, Inc., 2609 East Broadway, Tucson, AZ 85716 (520) 745-2033