

Bike Rodeo

Dear Parent(s)/Guardians of Third, Fourth and Fifth Graders:

Hickory Elementary School will be participating in a citywide bicycle safety program on Wednesday, April 17, 2024 from 3-4:30pm. A written bike safety test will be given and then there will be a series of six skill tests:

- Balancing at a slow speed
- Straight line riding
- Weaving
- Circling
- U-turn in a narrow lane
- Stop on the spot

A total score will then be determined, and every participant will receive a certificate. The top finishers will go to the Torrance Firefighters Association-sponsored District-wide finals at Victor Elementary School on Saturday, May 11, 2024 from 9 a.m. to 11 a.m. We urge your students to participate so they have the opportunity to win awards at the District-wide event. If you have any questions, contact the Bike Rodeo Chair, Brittany Resendez, hello@hickorypta.net.

To Participate:

If your student wants to participate, return the attached permission slip by Monday, April 15, 2024.

- **Transporting your student's bike:** If your student rides the bus or comes to school by some other means, please make arrangements to bring the bike anytime before 9 a.m. Bikes must be locked in the bike racks in front of the school.
- **Ensure the bike is in good working order:** Be sure to check that bike tires are pumped up, the brakes work, etc. If their bike is unsafe they won't be able to participate.
- **Helmets are mandatory:** Your child will not be allowed to participate without one. Remember it is a state law that minors must wear an approved bicycle helmet. It is also a TUSD policy (No. 474.82) that all students must wear a helmet when riding to and from school.

If you need accommodations or modifications for the bike rodeo obstacles, please reach out to bikerodeo@torrancecouncilofptas.org and we'll help!

Thank you,

Brittany Resendez, Bike Rodeo Chairman

The attached Guardian Approval and Student Waiver must be signed by one parent/guardian and returned to the front office by Monday, April 15, 2024.



TORRANCE UNIFIED SCHOOL DISTRICT
 STUDENT PARTICIPATION IN DISTRICT VOLUNTARY FIELD TRIP OR OTHER ACTIVITY
 PARENTAL PERMISSION ASSUMPTION OF RISK AND
 MEDICAL TREATMENT AUTHORIZATION

Date _____

Student's Name: _____ has permission to participate in the following field trip/activity:

Destination/Nature of Activity: **Hickory Elementary School April 17, 2024 and District Bike Rodeo May 11, 2024**

Special Instructions: Bring bike to school and student must have a helmet to participate. Bikes left on campus must be locked.

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Person in Charge: Brittany Resendez Position: Bike Rodeo Chair School: Hickory Elementary

Type of Transportation: School Bus Walking Other: **parent/guardian**

Health or special needs: Check as appropriate

| | |
|--|--|
| | My student has no special health needs the staff should be aware of, and no medication is required on the trip/activity. |
| | My student has a special need, and instructions are attached. Number of attached pages: _____ |
| | Other: _____ |

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I fully understand that participants are to abide by all rules and regulation governing conduct during the trip/activity.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Torrance Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have read and fully understand its contents. I am aware that this is a release of liability.

 Signature (Parent/Guardian) (Please print name) Work Phone () _____

 Student's Signature Student's Date of Birth Home Phone () _____

Your medical insurance carrier: _____ Policy #: _____

In the event of an emergency, please contact:

 Name Relationship Work () _____
 Home () _____
 Cell () _____