

# deCycles Pacific Coast 2024

June 18 - July 11, 2024 (starting in Seattle, WA and ending in Los Angeles, CA)

## Registration Form page 1

Please fill out the registration form completely and read thoroughly and sign the Waiver & Release Statement. Copy this form for your records.

Full Legal Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_

HS/College \_\_\_\_\_ Grade/Yr \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Rider's email \_\_\_\_\_ Parent's email (both) \_\_\_\_\_

Road Bike Model/Year \_\_\_\_\_ Gears/Speeds \_\_\_\_\_ Tire Size \_\_\_\_\_ Need to purchase bike YES NO

Sizing information: Ht \_\_\_\_\_ Wt \_\_\_\_\_ Gender \_\_\_\_\_ Chest \_\_\_\_\_ Waist \_\_\_\_\_ Hips \_\_\_\_\_ Jersey Size \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Previous sports/athletic experience \_\_\_\_\_

### ***Bicycle Trip Fee*** (select one)

- \_\_\_\_\_ \$450 One full payment with registration.
- \_\_\_\_\_ \$600 Two step payment plan. Minimum \$250 deposit with registration. \$350 balance due April 16, 2024.
- \_\_\_\_\_ \$200 Add to above registration fee if you are not a full time student or adults & students 22 years and over.
- No trip fee or ground transportation costs for adult support van drivers. —

### ***Transportation Options*** (select one)

- \_\_\_\_\_ I will purchase my own one-way flights to Seattle and from Los Angeles. Recommended flights will be announced.
- \_\_\_\_\_ \$120.00 **deCycles** One-way Ground Transportation: 3-day roadtrip to/from west coast. (departing June 15 & July 12 at 8:00am)

### ***Student Airfare Scholarship*** (Expires March 1, 2024)

- First 15-student applicants (1-15) accepted before 03/01/2024 will receive an airfare scholarship: \$200 rookies, \$100 veterans.
- Student applicants must be 13-22 and currently enrolled full time in MS, HS, or college to qualify for airfare scholarship.
- Student & adult applicants not qualifying for airfare promotion can contact **deCycles** for other airfare options.
- Trip fee must be paid in full on or before April 16, 2024 to qualify for airfare scholarship.
- When application and trip fee is received & accepted, you will be notified regarding your student airfare scholarship status.
- Students awarded airfare scholarship must refund the voucher amount if not finishing the trip for any reason.
- If you prefer 3-day ground transportation to & from Indiana, select ground transportation option above.
- Ground transportation payments are due in full on or before June 1, 2024.

### ***Basic bike trip includes:***

Overnight accommodations, most meals, food breaks,  
transport of luggage & bike, laundry, sag support,  
**deCycles** T-shirt, road tolls, and minor repairs.

### ***Basic bike trip excludes:***

Road bike & parts, riding attire, health and  
accident insurance, any medical expenses,  
sightseeing & personal expenses.

**30 APPLICANTS WILL BE ACCEPTED! OTHERS WILL BE PLACED ON WAITLIST.**

➡ **Register early and be one of the 15 student riders to qualify for airfare scholarship!** ⬅

**Make checks payable and mail to: deCycles, 4165 Judee Drive, Bloomington, IN 47401** next page...

## Refund Policy

We realize that plans can change. So anytime prior to April 16, 2024, **deCycles** will refund any payments LESS A \$95 SERVICE FEE. After April 16, 2024 due to commitments to service vendors, airlines, and training requirements, any amounts you have paid will not be refunded unless there is an approved replacement on the waiting list and LESS A \$95 service fee. After May 1, 2024, no payment amounts will be refunded for any reason whatsoever including sickness, injury, or disinterest.

## Requirements/General Information

- Applicant must be at least 13 years of age of any race, creed, religion, gender, and of good physical fitness.
- Beginner, intermediate, and experienced riders are welcome. Many riders are beginner with no previous cycling experience.
- Designated practice rides starting in April will be available. Non-local riders can email weekly training journals.
- The group practice rides will also include safety lessons, rules of the road, riding technique, minor repairs, etc.
- Minimum training consists of 500-miles averaging 12-13 mph prior to trip.
- The **deCycles** director reserves the right to cancel your trip reservation if you fail to train and be prepared.
- A multi-speed touring road bike in good condition is required. Mountain bikes/cross-trainers are NOT permitted.
- Bicycle and other equipment requirements can be found on the **deCycles** website: [www.decyclesindiana.org](http://www.decyclesindiana.org)
- An information packet and list of required equipment will be emailed to you upon receipt of your registration.
- Personal health & accident insurance is required. A helmet is also required on the trip and all practice rides.
- Adult riders are welcome & encouraged to find or sponsor a student-rider. Adult riders agree to drive support vans when or if necessary.

## Medical Information

Please circle if applicant is currently under doctor's supervision for:

|                 |           |                      |                      |           |                     |
|-----------------|-----------|----------------------|----------------------|-----------|---------------------|
| Epilepsy        | Allergies | Diabetes             | Musculoskeletal      | Asthma    | Mental/emotional    |
| Heart condition | Digestive | Allergy to medicines | Dietary restrictions | Endocrine | Injuries/Infections |

If yes to above, please specify \_\_\_\_\_

Current medications/restrictions \_\_\_\_\_

Family Medical Insurance Coverage: \_\_\_\_\_ Phone \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone # \_\_\_\_\_ Mobile \_\_\_\_\_

## Medical Emergency Authorization

I (We) the undersigned parent(s) or legal guardian(s) of the above listed minor reasonably agree that he (she) is in a condition of health that allows his (her) participation in the scheduled and approved activities of the **deCycles** during the trip and pre-trip training rides. In the event that emergency medical supervision of said minor is required during the trip or pre-trip training rides, and I (We) are unable to be contacted, I (We) authorize the **deCycles** and it's adult volunteer leaders and agents to accept or reject any ambulance services, and consent to any emergency medical evaluation, imaging examination, anesthetic, medical, surgical, clinic, or hospital supervision on the advice of any physician or dentist licensed under the Medical Practice Act. I (We) assume full liability and agree to pay all expenses incurred in connection with any emergency medical supervision rendered to the aforementioned minor participant.

Signature & Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Waiver & Release Statement

In consideration of the acceptance of my registration and participation in the **deCycles Pacific Coast 2024** bicycle tour, operated or under the control of the **deCycles**, I as well as my executors, administrators, heirs, next to kin, successors and assigns, assume all risks attendant thereto by acknowledging that I am responsible for my equipment and personal safety and well-being, and thus hereby release, waive and forever discharge the **deCycles** and their officers, directors, members, volunteers, employees, and agents, and any organization affiliated with the **deCycles** in any capacity, and any involved assignees (including any medical and/or mechanical support personnel, and overnight facilities on this tour), from any and all claims or actions of any kind for personal injuries, personal property damage, misadventure, travel cancellations, and equipment damage, weather related damage or injury which I may cause or sustain during the tour, during pre-trip practice rides, and during my travel to or from this event. I understand that accidents, with fatalities, serious bodily injuries or sickness and/or property damage, can occur during adventure traveling. Knowing the risks involved, I nevertheless agree to assume those risks and to release all the persons or entities mentioned above for any injury, death, illness, or property damage or losses occurring on this entire tour, including any associated activity such as ground/air transportation, bus tours, swimming, etc. I acknowledge that I have sole responsibility for my personal possessions and cycling equipment during the tour and for any damage I cause to other's personal property. I further acknowledge that I am still responsible for my physical condition and equipment and will take an active role in supervising any repair and/or loading and care of my equipment/luggage to assure that it is done to my satisfaction. I understand a bicycle is a legal vehicle of the road in Indiana, Kentucky, Washington, Oregon, and California. I will ride in accordance with the Vehicle Code of those jurisdictions. I also agree to abide by the rules, regulations, and agreements of this tour. I further agree and understand that if I choose to discontinue or if unable to continue participation anytime during this trip due to medical, disciplinary, or other reasons, I and my parent/guardian will be responsible for my immediate return home and costs thereof. I grant full permission to any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of me participating in this event for publicity and/or promotional purposes without obligation or liability to me.

I have read the entry information/requirements, refund policy, medical information, waiver & release statement and certify my compliance by my signature, and by my parent or guardian's signature if under 18 years of age.

Rider (Printed name & signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (Printed name & signature) \_\_\_\_\_ Date \_\_\_\_\_

*Return this form and payments to:*

**deCycles, 4165 Judee Drive, Bloomington, IN 4740**

For additional information, call 812-824-4567 or e-mail [normhouze@comcast.net](mailto:normhouze@comcast.net) [www.decyclesindiana.org](http://www.decyclesindiana.org)