August 2, 2017

Dear Pueblo Gardens Parents & Students,

Pueblo Gardens PreK-8 in partnership with Safe Routes to School (SRTS) is happy to announce registration for the **Pueblo Gardens Afterschool Bike Club** that will kick-off on *Thursday, October 19th from 3:30 PM – 5:00 PM*. The club will get our kids outside and active, teaching them all about bicycles and bicycling! Participating students will learn bike safety skills and basic bike maintenance, building their confidence to become more independent riders.

The Bike Club is recruiting **middle school students (6th,7th,8th grade)** who want to join. **The program is free to students and bikes will be provided. Registration is limited.**

Requirements for ALL participating students include:

* Dressing appropriately and comfortably for biking
* Wearing a helmet (will be provided)
* Having a good attitude
* And committing to attending all 8 sessions

Potential Bike Club members must fulfill all of the requirements mentioned above and are recommended by a teacher or school staff because they will be:

* Modeling good bike safety skills,
* Enthusiastic to help younger club members,
* Encouraging their friends to bike,
* Communicating regularly with their club leaders.

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| The dates and times are: Thursdays – 3:30 PM – 5:00 PM, and the Fall schedule is: |
| 1. **October 19- 1st Day of Club!**
2. October 26
3. November 2
4. November 9
 | 1. November 16
2. November 30
3. December 7
4. December 14
 |

If your child is interested in joining the bike club, please complete the application attached and return **NO LATER than Thursday October 5, 2017.** We will then contact you to confirm that your child will be able to participate in bike club this Fall.

Thank you!

Have questions? Email saferoutes@livingstreetsalliance.org or call 520-261-8777

PUEBLO GARDENS’ BIKE CLUB APPLICATION FORM

Bike Club registration will be limited to **only 12 students**, and preference will be given to the FIRST students who turn this form into the front office. Please answer the following questions and provide your contact information below.

Are you interested in being a parent volunteer for bike club?

□ **Yes!** I am interested in being a parent volunteer for bike club. Please contact me.

□ **No,** but I would like to help with other Safe Routes related activities.

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| Tell us about your child’s bicycle skills. 1. Which level cyclist do you consider your child?□ **No experience** - My child does not know how to ride a bike. □ **Beginner** - My child has just learned to ride a bike and still needs assistance. □ **Intermediate** - My child rides confidently, but needs to learn more about traffic safety. □ **Advanced** – My child rides independently around the neighborhood. 2. How often does your child ride a bicycle?□ Never □ Once a month □ Once a week □ 3 or more times a week3. How long does your child usually bike for in one period?□ 30 minutes or less □ 30-60 minutes □ more than 60 minutes4. Are there any specific bike-related skills that you would like your child to learn?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Student’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade and Teacher

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Parent/Guardian Name

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Phone Number Email