



A N A D V E N T U R E & E X P L O R A T I O N D E S T I N A T I O N F O R K I D S

Dear C.I.T. Applicant:

Thank you for your interest in joining Wheel Kids' Coach-In-Training program. It's a great opportunity to learn new skills, build on skills you already have, and have fun in a new way during summer. It also is a step toward being a coach with Wheel Kids in the future. Before we get underway we need some information from you to make sure that all of our C.I.T.s are ready for the job. Please fill out and send us the following from this Application packet (be sure to sign and date where required, and send the documents to the location where you wish to work as a C.I.T.):

1. The C.I.T. Application - Pages 1 & 2
2. The Emergency Info and Release form - to be filled out by your parent/guardian - page 3
3. The Participant Agreement - review this with your parents/guardians; sign it, and have them sign it - page 4.

Once we've reviewed your Application we'll arrange for a quick interview, which can be done in person or over the phone.

Wheel Kids' C.I.T. program runs during all of our summer camp sessions at our four locations. C.I.T.s are strongly encouraged to participate for a minimum of two weeks. If you're with us for more than two weeks - which would be awesome - we request at least two of those weeks to be consecutive. Your job duties are described below. In exchange for your work with us you'll receive valuable training in leadership skills, job skills, and bicycling skills. If your school has a service requirement that your C.I.T. duties will fulfill we'll be happy to fill out any forms you need to submit for credit.

We look forward to receiving your Application and hope we get to work together this summer. If you have any questions or concerns please feel free to contact us at the location of your choice.

Sincerely,

Tiffany Kavanaugh, President

www.wheelkids.com

195 MAYHEW WAY, WALNUT CREEK, CA 94597

**SAN FRANCISCO**  
(415) 654-3220  
info-sf@wheelkids.com

**PENINSULA**  
(415) 654-3194  
info-pa@wheelkids.com

**EAST BAY**  
(925) 440-7983  
info-wc@wheelkids.com



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## COACH-IN-TRAINING: JOB DESCRIPTION

### REQUIREMENTS

1. Age 13+
2. Able to assist Wheel Kids coaches in supervising and managing a group of up to 15 elementary and middle school children, both on and off the bike.
3. Sufficient maturity to focus on the tasks at hand.
4. Willing to work with all age and skill levels within Wheel Kids and be willing to switch teams or groups as needed to support the coaches.
5. Desire to learn and a positive attitude and willingness to accept praise and suggestions graciously.
6. Bicycling skills must be high Intermediate (exhibiting all the skills of that category, and then some) to Advanced. See <http://wheelkids.com/faq/rider-skill-categories/> for skills descriptions.
7. Previous participation with Wheel Kids as a camper or a C.I.T. is preferred but not mandatory. You may want to spend a week as a camper before your C.I.T. experience begins.
8. A bicycle appropriate to the Advanced category.
9. Adherence to Wheel Kids' employee and operations policies (these will be provided to you after the interview; contact Wheel Kids if you'd like to review these policies beforehand).

### JOB DUTIES

The C.I.T. is assigned to a team at Wheel Kids and is supervised by the coaching and management staff. In general, the C.I.T. assists with all aspects of running the team and assists with all teams when needed. This could include:

1. Assisting coaching staff during all activities and being actively involved with campers at all times while on duty.
2. Leading, "shepherding" (riding in the middle) or "sweeping" (riding at the rear) during group rides.
3. Setting up skills courses, demonstrating the techniques and helping instruct the group.
4. Chaperoning campers on restroom, water fountain, and similar breaks.
5. Being aware of and ready to respond actively to critical or emergency situations; assisting coaches in preventing crises or emergencies.
6. Being a positive role model for the campers.
7. Optional: working with coaches during weekend riding classes or other schoolyear events (if you're interested and available let us know and we'll schedule your participation).

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**APPLICANT INFORMATION**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School / Grade next Fall \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Parent/Guardian phone \_\_\_\_\_ Email \_\_\_\_\_

**EXPERIENCE (use additional paper if you need to)**

Describe any work you've done with youth and/or your peers and how long you did it (e.g., clubs, volunteer work, teams, groups, etc.).

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If you've worked with youth or your peers, what was that experience like (good things, bad things, things you'd do differently, etc.):

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Have you been in Wheel Kids camp before? ☐ Yes When? \_\_\_\_\_ ☐ No

Describe your bicycling skills (how well do you ride, what distance rides have you done, do you have maintenance / repair skills, etc.):

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Describe your bike:

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### GOALS & EXPECTATIONS

Why do you want to be a C.I.T.? \_\_\_\_\_

\_\_\_\_\_

What do you think you'll learn at Wheel Kids? \_\_\_\_\_

\_\_\_\_\_

What do you think will be fun about being a C.I.T.? \_\_\_\_\_

\_\_\_\_\_

What are your fears or concerns about being a C.I.T.? \_\_\_\_\_

\_\_\_\_\_

### LETTER OF RECOMMENDATION

Please provide a letter of recommendation from someone other than a family member telling us more about you and your experience.

### SCHEDULE

Please tell us which weeks and location you're available, based on the schedules below:

#### SF - Richmond

- ☐ Session 1 - June 8 - 12
- ☐ Session 2 - June 15 - 19
- ☐ Session 3 - June 22 - 26
- ☐ Session 4 - June 29 - July 2
- ☐ Session 5 - July 6 - 10
- ☐ Session 6 - July 13 - 17
- ☐ Session 7 - July 20 - 24
- ☐ Session 8 - July 27 - 31
- ☐ Session 9 - August 3 - 7
- ☐ Session 10 - August 10 - 14
- ☐ Session 11 - August 17 - 21
- ☐ Session 12 - August 24 - 28

#### SF - Sunset

- ☐ Session 2 - June 15 - 19
- ☐ Session 3 - June 22 - 26
- ☐ Session 4 - June 29 - July 2
- ☐ Session 5 - July 6 - 10
- ☐ Session 6 - July 13 - 17
- ☐ Session 7 - July 20 - 24
- ☐ Session 8 - July 27 - 31
- ☐ Session 9 - August 3 - 7

#### SF - Dogpatch

- ☐ Session 2 - June 15 - 19
- ☐ Session 3 - June 22 - 26
- ☐ Session 5 - July 6 - 10
- ☐ Session 6 - July 13 - 17
- ☐ Session 7 - July 20 - 24
- ☐ Session 8 - July 27 - 31
- ☐ Session 9 - August 3 - 7
- ☐ Session 10 - August 10 - 14

#### Peninsula - Palo Alto

- ☐ Session 1 - June 8 - 12
- ☐ Session 2 - June 15 - 19
- ☐ Session 3 - June 22 - 26
- ☐ Session 4 - June 29 - July 2
- ☐ Session 5 - July 6 - 10
- ☐ Session 6 - July 13 - 17
- ☐ Session 7 - July 20 - 24
- ☐ Session 8 - July 27 - 31
- ☐ Session 9 - August 3 - 7
- ☐ Session 10 - August 10 - 12

#### East Bay - Walnut Creek

- ☐ Session 1 - June 8 - 12
- ☐ Session 2 - June 15 - 19
- ☐ Session 3 - June 22 - 26
- ☐ Session 4 - June 29 - July 2
- ☐ Session 5 - July 6 - 10
- ☐ Session 6 - July 13 - 17
- ☐ Session 7 - July 20 - 24
- ☐ Session 8 - July 27 - 31
- ☐ Session 9 - August 3 - 7
- ☐ Session 10 - August 10 - 14

#### East Bay - Berkeley

- ☐ Session 1 - June 8 - 12
- ☐ Session 2 - June 15 - 19
- ☐ Session 3 - June 22 - 26
- ☐ Session 4 - June 29 - July 2

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### EMERGENCY INFORMATION

Please have your parent/guardian fill out the information below.

### EMERGENCY CONTACTS (if any, other than parent/guardian)

Name 1 \_\_\_\_\_ Phone \_\_\_\_\_ Name 2 \_\_\_\_\_ Phone \_\_\_\_\_  
Name 3 \_\_\_\_\_ Phone \_\_\_\_\_ Name 4 \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL INFORMATION

Initial\_\_\_\_ In case of emergency I hereby give permission to any medical personnel selected by Wheel Kids staff to secure treatment of my child. I understand and agree that it is my responsibility to provide accident and health insurance coverage for my child while enrolled at Wheel Kids.

Initial\_\_\_\_ I give permission for camp staff to provide sunscreen to my child if deemed necessary by staff.

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, dietary restrictions, medications: \_\_\_\_\_

Please use the Medication Authorization and Liability Release below if your child will require prescribed medications during camp.

### MEDICATION AUTHORIZATION AND LIABILITY RELEASE

If administration of medications is required during the day please provide the following information:

Name of Prescribed Medication(s): \_\_\_\_\_

Exact Dosage Amount: \_\_\_\_\_

Frequency of dosage: \_\_\_\_\_

Please attach a separate, signed sheet if additional medication(s) or instructions is required.

As parent/guardian I give permission to Wheel Kids Bicycle Club to allow a designated staff member to administer the above medication(s), as prescribed by the child's physician, while she/he is enrolled at Wheel Kids.

I, the parent/guardian, will furnish the medication. The medication is to be labeled clearly with the name of the medication, the dosage and frequency of dose, and the physician's name.

I understand that my name and signature on this form constitutes a waiver by me to Wheel Kids Bicycle Club, Inc. and its staff for liability associated with administering medication(s) listed on this form or other written documents. I understand that Wheel Kids staff is not trained for the administration of medication.

I knowingly and freely assume the risks, both known and unknown, inherent in having Wheel Kids staff and affiliates administer the foregoing medications to my child, and hereby agree to indemnify, defend and hold harmless Wheel Kids and its affiliates from and against all liabilities, demands, claims, costs, losses, damages, recoveries, expenses or settlements, with respect to any injury, disability, death or loss or damage associated with the administration of medications by Wheel Kids or Wheel Kids affiliates to my child.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

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AN ADVENTURE & EXPLORATION DESTINATION FOR KIDS

PARTICIPANT AGREEMENT

In consideration of my child being permitted to participate in camps, classes, events and activities (collectively, "Events") conducted and organized by Wheel Kids Bicycle Club, Inc. ("Wheel Kids"), I hereby agree as follows:

1 RULES: I, and any and all of my participating children, agree to abide by all Wheel Kids rules and policies (the "Rules"). Failure to abide by these Rules may result in dismissal from participation in any Events at any time without any entitlement to refund. These Rules may be found on Wheel Kids' website and are hereby incorporated by reference. Upon request, a physical copy of the Wheel Kids Rules can be made available to me. By signing below, I acknowledge I have read the Rules and agree to their terms.

2 REFUND & CREDIT POLICY: Written request must be received four or more weeks prior to the registered session for a refund, less a 20% administrative fee. No refunds will be provided for cancellations or withdrawals occurring less than four weeks prior to the registered session. No refund will be granted for absences, dismissal, weather, or voluntary withdrawal from the camp, or for changes to the camp schedule or program deemed necessary by Wheel Kids staff. Registrants unable to participate in the camp due to unforeseen medical conditions may be eligible for a full refund less a 20% administrative fee; a refund may be provided upon Wheel Kids' receipt of a signed letter from the participant's physician.

3 IMAGES: I do hereby give permission to Wheel Kids Bicycle Club, Inc. to use photographs or photographic images or video in any official Wheel Kids business, including, but not limited to: Wheel Kids websites, newsletters, advertising materials, postcards, social media, and other related media and marketing materials. It is agreed that the use of photograph or photographic image or video shall in no way be used in any other forum other than official Wheel Kids business purposes, and that this shall be done without compensation to me or my child.

4 EXPRESS ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT: I, individually and on behalf of any of my participating children, do acknowledge and recognize that camp activities and Events, including but not limited to operating or riding a bicycle, are potentially hazardous and high risk activities that may require strenuous exercise. I understand that participation in these activities and Events may expose my child to the inherent risk of injury, death and or property damage. I fully understand that Wheel Kids may take my participating children on bicycle routes and paths that could expose my child to automobile and foot traffic that could result in accidents and injuries, and I acknowledge that these risks of injury or death to my child cannot be removed or eliminated with respect to the activities and Events. I represent that to the best of my knowledge, my participating children have no medical, physical and/or emotional health condition that could hinder or prevent her/his active participation in the activities or Events in any way whatsoever. I, individually and on behalf of my spouse and participating children, acknowledge, understand, accept and assume all liability and risks of bodily injury related to the Events. I, INDIVIDUALLY AND ON BEHALF OF MY SPOUSE AND PARTICIPATING MINOR CHILDREN, DO KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, AND HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS WHEEL KIDS, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OWNERS OF PROPERTY USED OR LEASED BY WHEEL KIDS AND ANY OF ITS REPRESENTATIVES OR AGENTS (COLLECTIVELY, THE "WKAFFILIATES"), FROM AND AGAINST ALL LIABILITIES, DEMANDS, CLAIMS, COSTS, LOSSES, DAMAGES, RECOVERIES, EXPENSES OR SETTLEMENTS, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY (INCLUDING, BUT NOT LIMITED TO, DAMAGE TO THE BICYCLE AND OR EQUIPMENT I PROVIDE TO MY CHILDREN FOR USE IN THE EVENTS) ASSOCIATED WITH THE PRESENCE OR PARTICIPATION OF MY CHILDREN IN THE EVENTS, AND ARISING FROM ANY ACTION OR OMISSION OF WHEEL KIDS AND/OR WK AFFILIATES, WHETHER OR NOT ARISING FROM THE NEGLIGENCE OF WHEEL KIDS AND/OR WK AFFILIATES, AND WHETHER OF NOT DUE TO (A) USE OF ANY WHEEL KIDS FACILITIES OR EQUIPMENT, WHETHER OR NOT SUCH FACILITIES AND EQUIPMENT MAY BE IMPROPERLY MAINTAINED OR MAY MALFUNCTION OR BREAK, (B) IMPROPER MAINTENANCE, OR (C) WHEEL KIDS' INSTRUCTION OR SUPERVISION.

5 LIMITATION OF LIABILITY, SMALL CLAIMS, ARBITRATION: Notwithstanding any other provision hereof, neither Wheel Kids nor any WK Affiliate shall be liable for any loss, damage, or liability incurred by me or my children in connection with participation by my children in the Events, whether due to any acts or omissions by Wheel Kids or WK Affiliates or otherwise, unless said claim is solely caused by Wheel Kids or WK Affiliates' willful misconduct. IN NO EVENT WILL WHEEL KIDS OR ANY WK AFFILIATE BE LIABLE FOR ANY FORM OF SPECIAL, INCIDENTAL, INDIRECT, CONSEQUENTIAL, OR PUNITIVE DAMAGES OF ANY KIND (WHETHER OR NOT FORESEEABLE), EVEN IF INFORMED IN ADVANCE OF THE POSSIBILITY OF SUCH DAMAGES. In no event shall Wheel Kids' liability under any theory exceed the amount paid to Wheel Kids for participation by my child in the Event, irrespective of the cause of the loss, damage or liability. The parties agree that any and all disputes, claims or controversies arising out of or relating to this Participant Agreement, and or the participation of my children in any Wheel Kids Events of \$5,000 or less (hereafter referred to as a "Controversy") shall be resolved in the small claims court in the City and County of San Francisco, California. In the event of any Controversy in excess of \$5,000, said dispute will be resolved by way of binding arbitration pursuant to the terms of the Rules, which are hereby incorporated by reference.

6 EQUIPMENT AND PREPARATION: I understand that California State Law (CVC 21212) requires that children must wear an approved helmet at all times while riding a bicycle. Wheel Kids reserves the right to prohibit participation in any Event any registrant whose helmet does not appear to be in compliance with this law or is in any way deficient, and that there will be no entitlement to refund or credit. I assume full responsibility for providing my child with a helmet that corresponds with CVC requirements; if Wheel Kids personnel determine that my child's helmet is not in compliance with the CVC or is in any way deficient, I authorize Wheel Kids to provide a new helmet for my child for which I will reimburse Wheel Kids the full purchase price plus a \$10 convenience fee within five business days. Wheel Kids will incur no liability if it does not provide a helmet pursuant to this Section or if my child's helmet does not comply with applicable law.

7 In case of emergency I hereby give permission to any medical personnel selected by Wheel Kids staff to secure treatment of my child. I understand and agree that it is my responsibility to provide accident and health insurance coverage for my child while enrolled in Wheel Kids' Events (information provided below). I give permission for Wheel Kids staff to apply or provide sunscreen to my child if deemed necessary by staff.

8 ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this Participant Agreement including the Wheel Kids Rules and the Express Assumption of Risk and Hold Harmless Agreement, fully understand all terms and provisions of the Agreement, and understand that I am giving up substantial rights, including the right to a jury in the event of any dispute. I acknowledge that I have full authority to sign this Liability Release on behalf of the child being registered and am signing this Participant Agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

I have read and agree to all the terms and conditions set forth above.

Parent/Guardian signature: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_