



Albany PAL



Bike Rodeo 2023

Join us @ the PAL Bike Rodeos and learn how to have a safe and fun summer!

Join us for a fun-filled morning of Bike Safety!

- Take our bike safety challenge!
- Visit our vendors!
- Face painting & Balloon Sculpting!
- Free hot dogs and Stewart's Ice Cream!
- Bicycle safety certificates issued!
- Free helmets while supplies last!
- New Bicycle Raffles - must be present to win!

Lots of Fun for Everyone!

Saturday, May 6th

3pm-5pm

APD Headquarters

165 Henry Johnson Blvd

Presented by:



Learn Bike Safety and awareness for a season of fun and safe riding!

THIS IS NOT A SCHOOL DISTRICT SPONSORED EVENT. THE CITY SCHOOL DISTRICT OF ALBANY IS NOT RESPONSIBLE OR LIABLE FOR ANY PROBLEMS OR DAMAGES

Albany PAL 2023 Bike Rodeo Registration Form

Present this completed form on the day of the event for your chance to win a FREE BIKE at APD Headquarters.

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

School: _____ Grade: _____

Parent/Guardian: _____ Relationship: _____

E-Mail: _____ Phone: _____

Albany Public Housing or Section 8 Benefactor (Circle): Y/N

Female Head of Household (Circle): Y/N

Does your child qualify for free or reduced school lunch program (Circle): Y/N

Ethnicity: Black/African American () Hispanic/Latino/Spanish Origin ()
Caucasian () Asian/Pacific Islander () Other ()

I/WE, the Parents or guardians of the above named candidate for a position on the Albany Police Athletic League Inc. (PAL), hereby give my/our approval for our child to participate in any and all PAL activities. I/we know that participation in PAL activities may result in serious injury, and that protective equipment does not prevent all injuries to players and/or participants, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Albany Police Athletic League, PAL Board members, National PAL, organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/we do hereby give permission for my child to receive medical treatment in case of an emergency if I/we cannot be contacted. I/WE do hereby give permission for my/our child's photo likeness to be used in any and all PAL promotional literature.

Parent/Guardian Signature: _____

Allergies: _____

Emergency contact if parent or guardian is not available:

Name _____

Phone# _____ Email: _____

Presented by:



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