



LEAGUE OF AMERICAN BICYCLISTS
Smart Cycling Program
League Cycling Instructor
Certification Seminar Application

Date and Location of Seminar _____

Name _____

Street Address _____

City, State and Zip Code _____

Day Phone (_____) _____ Evening Phone (_____) _____

Email _____ League Membership # _____

Current Age _____ Highest education achievement and specialization _____

Occupation _____

- How many years have you been riding regularly? _____ years
• What is the approximate longest distance you've ridden in one day during the past year? _____ miles
• What was the date/location of your TS 101 (Road I) certification? _____
• Circle the kinds of riding you do or have done:

Table with 3 columns: Local Touring, Cross State Rides, Fitness Riding (4+ days/week); NORBA Racing, Road or Track Racing, Fitness Riding (0-3 days/week); Recreational, BMX Racing, Very Little; Commuting, Trials, None.

- Briefly describe your bike(s) _____
• Do you understand derailleur gearing systems and how they work? yes no
• Can you change a rear flat? yes no
• Can you maintain your own bicycle? yes no
• Please indicate the most important thing you hope to derive from this course.

Please indicate any physical or emotional conditions that might limit your participation in this course

RELEASE: SIGNATURE REQUIRED

I am aware of the risk of bicycling and otherwise participating in this event and voluntarily assume such risk. In consideration of being permitted to participate in this event: 1. I release for myself, my heirs, and personal representatives, the League of American Bicyclists, Inc., and the respective directors, officers, volunteers, and staff ('Indemnities') from any claim, liability, demand, action, and cause of action whatsoever (collectively, 'Claim') arising out of or related to any loss, damage or injury (collectively, 'Loss'), to myself or my property, that I may sustain in connection with, or arising out of, this event; 2. If registrant is a minor, I (as parent or guardian) agree to indemnify and hold harmless each Indemnitee against any claim for any Loss said minor may sustain in connection with or arising out of, this event, and against legal or other expenses incurred by any Indemnity in connection with defending any Claim by or on behalf of said minor for any such Loss; 3. I consent to emergency medical treatment if I am injured; 4. I shall obey traffic laws and practice safety in bicycling; and 5. I agree to wear a CPSC approved helmet on all bicycle-riding activities at this event.

Signature _____

Date _____

Candidate's Name: _____ Telephone: _____

Payment Information

LCI Certification Seminar: \$200

This fee is non-refundable: if you cannot make the seminar or the seminar is postponed you may choose to take a seminar in the future and this fee will be applied as payment in full for that alternate seminar.

League Membership: Regular \$35/ Family \$50 / Advocate \$60 / Advocate Family \$85 / Silver Spoke \$110
 Life Member \$1000 I am a League Member (LCIs must maintain League membership)

Total Charge: _____

Enclosed is a check payable to the League of American Bicyclists or

Please charge my: Visa Master Card American Express

Card Number: _____ Expiration (mo/yr): _____/_____

Name on card (please print): _____

Signature: _____ Phone: _____