

Republic of the Philippines  
City of Marikina

**MARIKINA BIKEWAYS OFFICE**

**BICYCLE SAFETY EDUCATION FOR KIDS**

FAMILY DATA SHEET

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade/Year & Section \_\_\_\_\_

Name of School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Number of years in the above address \_\_\_\_\_

Your house is: (Please Check)

Owned \_\_\_\_\_ Rented \_\_\_\_\_ Shared with Relative/Friends \_\_\_\_\_

Does your family own a bicycle? \_\_\_\_\_ How many? \_\_\_\_\_

How many children do you have? \_\_\_\_\_

How many members in your family know how to ride a bike? \_\_\_\_\_

Does your child (the Grade 6 student) know how to ride a bike? \_\_\_\_\_ (Yes/No)

**PARENTAL CONSENT**

I, \_\_\_\_\_ of legal age, with residential address at \_\_\_\_\_ do hereby give my parental consent to allow my (son/daughter) \_\_\_\_\_ age \_\_\_\_\_ to attend and participate in the Bicycle Safety Training Program to be conducted by the Marikina City Bikeways Office (MCBO).

I understand that the above said training will include practical exercises/bicycle clinics on Safe Cycling, attending seminars and workshops on road traffic rules and discipline, bicycle repair and maintenance, Basic First Aid and City Tours on Bike to be held at \_\_\_\_\_ Elementary School, the Marikina Sports Center in Sta. Elena and at the Youth Camp in the Marikina River Park.

I understand that this course is free of charge and that the MCBO trainers will provide the training bicycle and safety helmet during the training.

I understand that if my child participated in “Bike-to-School” activities wherein he/she can borrow and take home the government-owned training bicycle and helmet, I will assume the following responsibilities:

1. Ensure the borrowed bike and helmet will be properly secured at home and returned safely, receipt of which will be acknowledged by the Marikina Bikeways Officer stationed at \_\_\_\_\_.
2. Assume the responsibility of paying the City Government c/o Marikina Bikeways Office, the cost of stolen or lost bike and/or helmet while in the care of my child.

\_\_\_\_\_  
(Signature above printed name)

Community Tax Certificate No.: \_\_\_\_\_

Issued on \_\_\_\_\_

Issued at \_\_\_\_\_