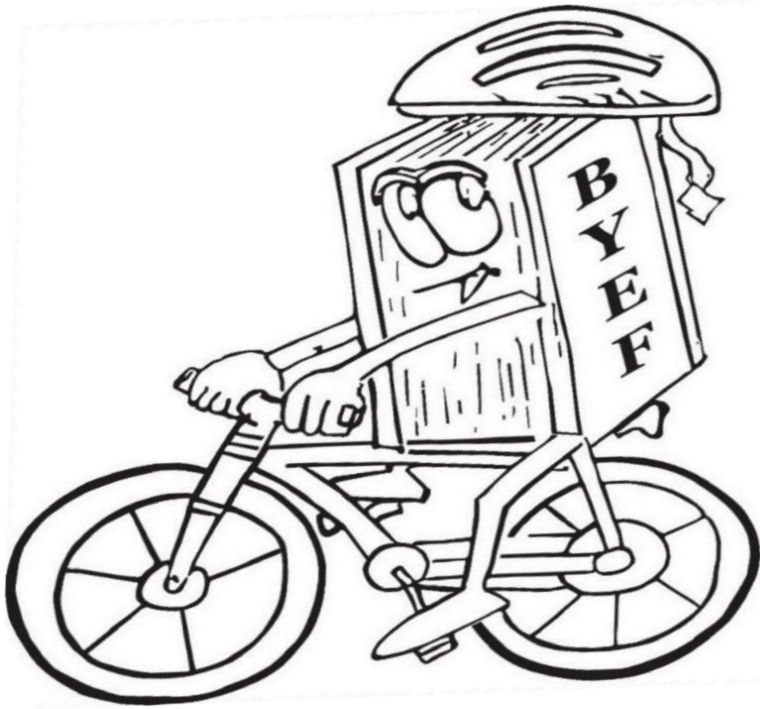


# READING RIDERS

## Book & Bike Riding Club

*MUST BE ABLE TO RIDE A BIKE!*



## JOIN THE 2024 CLUB

**.....Weekly Readings and Riding Adventures**

**.....Organized Bike Rides On St. Louis  
Metro Area Trails**

**.....Weekly Fun Club Activities**

**..... Individual & Group Journaling**

### 2024 Club Meetings

Saturday, May 18

Saturday, May 25

Saturday, June 1

Saturday, June 8

Saturday, June 15

Saturday, June 22

Saturday June 29

Saturday, July 6

Saturday & Sunday July 13 and 14

**CONTACT: HAROLD BAILEY AT (314) 456-9838  
or [byefhb@gmail.com](mailto:byefhb@gmail.com)  
FOR ADDITIONAL INFORMATION**

### Membership Includes:

T-Shirt, Sack Lunches,  
Water Bottle, Journal,  
Reading Materials, Bike  
Transport from Meeting  
Place to Adventures,  
plus Campout Meals,  
Snacks and Supplies

### 2024 Club Meetings

Fundamentals of Biking I

Fundamentals of Biking II

Katy Trail  
Trailhead: St. Charles Frontier  
Park

Madison County Trail  
Trailhead: TBA

Route 66 Missouri State Park  
Trailhead: Park Visitor Center

Grant's Trail  
Trailhead: Ulysses S. Grant  
Historic Site Museum Adventure

Madison County Trail  
Trailhead: TBA

Katy Trail  
Trailhead: Dutzow, MO  
(Klondike Park Overnight  
Campout Adventure)

*Weekly Club Meeting Rain  
or Shine. [ Indoor Rain-Out  
Adventures are Planned]*

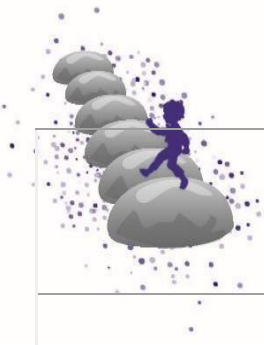
### Sign Up Today

Individual - \$25.00

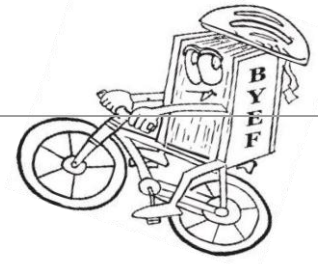
Book Buddy & Child  
\$35.00

Book Buddies Help Club  
Members With Reading  
Assignments & Join In On  
Rides)

Ready to Join but in  
need of a bike? Call  
the contact number  
on the flyer.



**Bailey Youth Enrichment Foundation  
Reading Riders Book & Bike Riding Club  
Registration Form**



**APPLICANT INFORMATION**

Last Name		First Name	
Age:	Grade In September:	Reading Level	
T- Shirt Size			

**PARENT OR GUARDIAN**

Last Name:		First Name:	
Relationship to Child:			
Address:			
City:		Phone:	
Email			

**BOOK BUDDY CONTACT INFORMATION**

Last Name:		First Name:	
Relationship to Child:			
Address:		Phone:	
Book Buddy T-Shirt Size			

**OTHER EMERGENCY CONTACT**

Name:		Relationship to Child:	
Home Phone:		Other Phone:	

**AUTHORIZATION TO JOIN CLUB**

Signature		Print Name	
Date			

### PICKUP AUTHORIZATION

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf. A parent/guardian's verbal authorization is required to release child to anyone not listed above.

Name	Address	Phone
.	.	.
.	.	.

### FOOD ALLERGIES

List any food allergies your child has.

1.

2.

3.

### EMERGENCY CONSENT

It is the policy of BYEF to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure in such cases is to get the child to the nearest emergency medical services. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY CONSENT FOR MY CHILD \_\_\_\_\_  
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY MEDICAL CENTER BY THE STAFF OF BYEF  
WHEN I CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT  
THE CHILD, IF NECESSARY. I FURTHER AGREE TO BE RESPONSIBLE FOR ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature

Date

### PHOTO RELEASE

I grant BYEF permission to photograph \_\_\_\_\_ and use those photographs for any legal purpose. I further understand that no royalty fee or other compensation shall become payable for reason of such use.

Signature

Date

Print Name