Bike PATH
Pedaling Ahead Toward Health

Sunday, May 19
12:00 pm - 4:00 pm

Lake St. Clair Metro Beach
Harrison Township

2 Mile Family Friendly Ride • 10 Mile Athletic Ride • Children's Activities & Raffles

Entry Fee: $30 - 13 Years & Older with T-shirt
$15 - 12 Years and Younger with T-shirt
Free - 12 Years and Younger without T-shirt

Parking Fee: $5.00 per car

Entries must be received by May 3rd to guarantee event T-shirt. Walk up registration will be available, T-shirt sizes will be limited. Includes bike parade & refreshments. Rain or Shine - no refunds.

HELMETS REQUIRED FOR ALL RIDERS

Individuals

Not a part of a team? No worries!

You can sign up to participate as an individual or a group online at careofsem.com/bikepath.html or with the paper registration form.

Pledge form provided on reverse for offline donations.

Teams

Captains! Register your team!

1. Register at careofsem.com/bikepath.html
2. Click "Create your Team"
3. Create your Team's Fundraising Page!
    Promote! Promote! Promote!
4. When filling out the registration form online be sure to select your team from the drop down menu!!

Visit www.active.com/donate/carebikepath to set up a fundraising page!
Top fundraisers will be recognized at the event.
Funds raised benefit CARE of Southeastern Michigan's Family Focused Programs!

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Please Circle:

One person per entry form, this form may be duplicated.

Event: 10 Mile Athletic Ride ($30)   2 Mile, 13 Years & Older ($30)   2 Mile, 12 Years & Under with T-shirt ($15)   2 Mile 12 Years & Under (Free) without T-shirt

T-shirt Size: Youth Shirt: S M L   Adult Shirt: S M L XL XXL

Team: Yes   No   **Team Name:** _____

Name _____   **DOB:** ___/___/___

Address_____   **City**_____   **Zip** _____

Daytime Phone _____   **Email**_____

Payment Method: (please select one)

☐ **Check** (Make checks payable to **CARE of Southeastern Michigan**)   ☐ **Credit Card** (VISA   Mastercard   Discover)

Card #_____   **Exp. Date**_____   **3 digit code**_____

Printed Name _____   **Signature** _____   **Date** _____

Please acknowledge and sign waiver and fill out emergency contact information on back on form.

Bike PATH Pledge Form

I am participating in **CARE of Southeastern Michigan's 1st Annual Bike PATH** (Pedaling Ahead Toward Health) event on Sunday, May 19th. In the United States, **half of all children** live in a household where a parent or other adult uses tobacco, drinks heavily or uses illicit drugs.[1] All proceeds will help bridge the gap in funding for our family programs that support children, youth and families struggling with a loved one's addiction to alcohol and/or other drugs.

Please make checks payable to **CARE of Southeastern Michigan.**

All donations are tax-deductalble.

Name	Address/City/Zip	Email	Amount

[1] CASA, Center on Addiction and Substance Abuse, 2005

Waiver

I certify that I am aware of the risks involved in participation in this event. In consideration of my participation I take action for myself, my executors, administrators and waive, release and discharge from all liability: CARE of Southeastern Michigan, their directors, officers, employees, volunteers, and event sponsors for my death, disability, personal injury, property damage, property theft or actions of any kind which may accrue to me from this event. I hereby consent to receive medical treatment in the event of injury, accident and/or illness during this event. I agree to allow my photo or video to be used for promotional purposes by CARE of Southeastern Michigan.

Signature_____ Date_____

Signature of participant or signature of parent/guardian if under 18 years of age.

Emergency Contact

Emergency Contact Name _____ Relationship to you_____

Emergency Contact Phone Number _____