

Rob Jackson, Ed. D., Superintendent

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2024-25 School Year

## Dear Parents/Caregivers:

We are excited to share with you a new bicycle safety curriculum opportunity taking place in our schools during Physical Education. Buncombe County Physical Education teachers have been trained to teach the curriculum as part of our NC Healthful Living Teaching Standards. As part of the bicycle safety program, we will be conducting simple and fun, skill-building lesson(s) at our school during the dates of \_\_March 27th-April 11th\_\_\_\_ This is a time where your child can learn, improve, and practice lifelong skills that will increase their level of physical activity. These important lessons will teach your child about proper safety protocol for helmets, and bikes, bike maintenance, as well as skills needed to maneuver safely while cycling.

The lessons will be taught in a safe learning environment so that students can practice their biking and problem-solving skills.

For your child to participate, the following is required:

- 1. You must review, sign, and return the attached consent form prior to instruction taking place on March 27th.
- 2. Students must wear bicycle helmets and close-toed shoes that fasten when riding the bikes. (no flip-flops, **crocs** or sandals will be allowed).

Safety approved bicycle helmets will be provided for participants each day. Protocol is in place to reduce the risk of spreading germs and head lice during the instruction; however, students will be allowed to bring their own personal helmet to wear during instruction. Before sending one to school, please confirm that the helmet meets Consumer Products Safety Commission Standards, and make sure the helmet is labeled with your child's name.

If you have any questions,	please contact,	Jennifer Johnson,	. Healthful Living	Curriculum S	pecialist at	255-5960 or
jennifer.johnson@bcsema	ıil.org.					

Sincerely,

**Physical Education Teacher** 

## Release and Waiver of Liability, Assumption of Risk, and Indemnity And Parental/Guardian Release

## **Minor Consent and Release**

## **Bicycling Safety Activities**

♥ Week 2: April 7-11 (Mon, Tues, Wed, Thurs, Fri)

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I/We, the minor's parent(s) and/or legal guardian(s)
PRINTED NAME OF CHILD:
PARENT/GUARDIAN:DAYTIME PHONE:
ADDRESS:
(Street)
(City) (State) (Zip)
EMERGENCY CONTACT: PHONE:
PARENT/GUARDIAN'S SIGNATURE (Required for Participation)
DATE:
We welcome volunteers to assist with the program at the times / dates listed below.
☐ Yes, I'd like to help with the cycling skill-building activities on the date(s) checked and days circled:
□ Week 1: March 31-April 4th (Mon, Tues, Wed, Thurs, Fri)