

# [SCHOOL LOGO]

## [NAME OF SCHOOL] Walking School Bus Program – Registration Form

### Purpose and Explanation of the Program

The [NAME OF SCHOOL] Walking School Bus Program is a fun, safe, and active way for students to get to school. Participating children walk to school in a group led by two or more trained adult volunteer Walk Leaders. Students walk with a parent or by themselves from their homes to the designated Walking School Bus stop. Children are not walked directly from their homes unless the home is on the route.

### Potential Risks

The Walking School Bus Program is intended to ensure students' safety as they travel to school under adult supervision. However, there are always risks associated with walking and all modes of travel. These specific risks include, but are not limited to, injury as a result of motor vehicle accidents, falls, overexertion, or other unforeseen circumstances. Adult volunteer walk leaders do their best to ensure that all participants remain safe and healthy. **Children must follow adult instructions regarding behavior and safety.** The Walking School Bus Program runs in everything but severe weather conditions, so **please dress your children appropriately.**

**REGISTRATION** - Circle the mornings you generally expect your child(ren) will be on the Walking School Bus:

**M T W T H F**

Home Address (Street & Apartment or House Number): \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_ Parent/Guardian e-mail: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_



### VOLUNTARY CONSENT

I \_\_\_\_\_ (*print parent/guardian name*) give permission for my child(ren) to use the [NAME OF SCHOOL] Walking School Bus. I realize that my child(ren)'s journey to school is still my responsibility. I will not hold the [NAME OF MUNICIPALITY], the [NAME OF SCHOOL DISTRICT], Maine Safe Routes to School Program, Bicycle Coalition of Maine, Maine Center for Disease Control, Maine Department of Transportation, staff, administrators, or volunteers responsible for accidents or injuries involving my child(ren). I have discussed the expectations of the Walking School Bus with my child(ren).

**X** Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you would like more information about volunteering as a Walk Leader.

**PLEASE RETURN THIS FORM TO THE SCHOOL FRONT OFFICE.**

**You will be contacted with route timing and location information.** For more information, contact [NAME OF WSB COORDINATOR], the [NAME OF SCHOOL] Walking School Bus Program Coordinator, at [E-MAIL ADDRESS] or [PHONE].