Alleghany Highlands 19th Annual Bike Rodeo Jackson River Sports Complex Saturday May 2th 10 a.m.

| Child's Name: | YES, I would like my child |
|---|---|
| Date of Birth,Age as of May 2,2015 | to attend the Bike Rodeo. I |
| | understand that the event |
| Address: | holders are not responsible |
| Home Phone: | for any injuries that may occur to my child while |
| | attending this event. |
| Emergency Phone Number: | The event holders are |
| Parents's Name (s): | not responsible for the |
| z arcius s ranne (s). | replacement cost of any item lost, damaged or |
| Please indicate the school the child is currently attending | stolen during this |
| | event. |
| Parent or Legal Guardian's Signature: | |
| —————————————————————————————————————— | |
| DateDate | |
| Return to Peggy Redmon Alleghany County Sheriff's Office, 268 West Mais Event staff is not responsible for transportation. | n Street, Covington, Va. |
| ATT DADTICIDANITO NATIOTEDE TATATEMO DE DE | |
| ALL PARTICIPANTS MUST BE IN LINE TO BE RE | |
| MAY 2, 2015. THERE WILL BE NO EXCEPTIONS!!! | |
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| Parent or Legal Guardian's Signature: | |
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Return to Peggy Redmon Alleghany County Sheriff's Office, 268 West Main Street, Covington, Va. Event staff is not responsible for transportation.

ALL PARTICIPANTS MUST BE IN LINE TO BE REGISTERED BY 9:15 AM ON MAY 2, 2015. THERE WILL BE NO EXCEPTIONS!!!