



### APPLICATION FOR BICYCLE OR OTHER WHEELED TOY

Please print this page, supply the following information, and return it to the address at the bottom of this form. If the child that you are applying for qualifies, we will contact you.

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Birthday \_\_\_\_\_ (We will send B-day cards)

Gender  Male  Female

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

Does this child have a website open to the public? If so, please specify: \_\_\_\_\_

Hospital where child is treated \_\_\_\_\_

Contact person at hospital \_\_\_\_\_

Contact person's telephone number or email \_\_\_\_\_

We may need to contact your child's doctor or a nurse just to confirm that their illness is considered life threatening. No other information will be requested, nor is the hospital permitted to release that information.

Are you requesting:(check one)

Bicycle size 12"  16"  20"  24"  26"

tricycle

Big Wheel style

Wagon

Other wheeled toy

If other, please specify \_\_\_\_\_

Examples: R/C car, doll buggy, race track, pull toy, anything with wheels!

(\*\*\*\*Note: For very young children we can supply a stroller or riding toy, etc.)

(Favorite color? (We can't guarantee, but will try) \_\_\_\_\_)

Helmet size    Infant     Toddler     Child     Youth     Other

I agree that the above information that I have given is true and current.

Signed \_\_\_\_\_

Date \_\_\_\_\_



CODY'S WHEELS OF HOPE, Inc.  
PHOTO RELEASE FORM

For Publicity Purposes:

I hereby authorize my child's name and/or photograph to be used by Cody's Wheels of Hope for publicity purposes to obtain donations. I will not hold Cody's Wheels of Hope, Inc. responsible for any unauthorized use of my child's name and photo.

My authorization is for: (please check one)

Use of photo only

Use of photo and name (only first names will be used for publicity purposes)

Use of name only (only first names will be used for publicity purposes)

Do not use my child's photo or name for any publicity purposes

Child's name: \_\_\_\_\_ (please print)

Parent/Guardian Name: \_\_\_\_\_ (please print)

Address \_\_\_\_\_ (please print)

Telephone number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



CODY'S WHEELS OF HOPE, Inc.  
WAIVER FORM

This bicycle/riding toy is a gift from Cody's Wheels of Hope, Inc. We hope your child will enjoy it.

I, \_\_\_\_\_ (Please print name)

accept this gift for \_\_\_\_\_ (Please print child's name)

I will not hold Cody's Wheels of Hope, Inc. responsible for any injuries or damage occurring from use of this riding vehicle. I accept full responsibility for it's use.

Signed \_\_\_\_\_ (Signature)

Date \_\_\_\_\_

Witness \_\_\_\_\_ (Signature)

Date \_\_\_\_\_



CODY'S WHEELS OF HOPE, Inc.  
THANK YOU!!!

Thank you for your interest in a bicycle or other wheeled toy for your child. Our ONLY requirements are that

the child be 15 years old or younger and have a life threatening illness. Because many of these bikes will be shipped, you may need someone to assemble them. Helmets may be sent with them or separately. We ask that pictures be taken of the child with his/her wheeled toy and sent to us (email or mail). Even if you do not allow us to use them for publicity, we like to see the smile of the child receiving the bike/toy. As soon as we receive the application and signed releases, we will check the contact information and then contact you. After your child receives the bike/toy, he/she will be one of "Cody's Friends". If you have signed the release that allows us to use their picture and first name, they will be able to see themselves under the "Cody's Friends" page.

Thank you for allowing us to brighten your child's life!

Please send forms to:

Cody's Wheels Of Hope  
PO Box 8735  
Erie, PA 16505