



MEET THE LEAGUE RIDE HANDBOOK



WASHINGTON STUDENT CYCLING LEAGUE



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RIDE INFORMATION AND REQUIREMENTS



What is a “Meet the League” ride?

Meet the League Rides are a way for student-athletes, parents, school administrators, and potential new volunteer coaches to come out and meet League representatives, local team coaches and student-athletes, and to see first hand what the League is all about.

We recognize that often riders want to experience a typical team ride before making the commitment for the entire season and these rides are intended to serve as recruitment and educational opportunities.

Come join us and explore trails via mountain bike, meet fellow students and coaches. These rides are social and suitable for all fitness and ability levels. Please bring a mountain bike, helmet, and a sense of fun. Rain or shine, dress for weather. All the rides are free.

Meet the League Rides are typically hosted by existing league teams.

Who is eligible to attend a Meet the League Ride?

- Students who are currently enrolled in the grades 6th through 12th in public school, private school, alternative school or homeschool.
- Any interested adult looking to learn more about the League and local teams.

Meet the League Ride Hosting Requirements

- Your team must be currently registered with the League.
- A minimum of two registered coaches must be present at all times.
- Minimum adult to student-athlete ratios of one adult (registered coach) per six students (1:6), but a 1:4 ratio is ideal.
- Meet the League Ride must be approved by the Washington Student Cycling League. You can apply to host a ride here: <http://washingtonleague.org/ride-registration/>.
- All riders (students and adults), including registered coaches and student-athletes, must complete a **Liability Waiver** before any riding occurs. NO EXCEPTIONS.
- Any accidents or injuries must be reported to the League via the **Incident/Injury Report Form**.
- All original waivers must be submitted to the League within one week after the ride. These can be mailed to: Washington Student Cycling League, P.O. Box 22187, Seattle, WA 98122.
- Emergency Action Plan must be prepared.

SAMPLE RIDE FORMAT AND TIPS



You will want your Meet the League Ride to be long enough that your participants get a feel for what the League and your team is all about. However, you don't want your ride so long that participants become fatigued, lose interest or become cold.

Suggested: 1.5 hours – 2 hours

(15-20 min.) Coaches arrive early to setup course, obstacles, etc. and be ready when guests arrive.

(as participants arrive) Welcome participants and direct them to complete waivers. Possibly have coaches perform the ABC Quick Bike Check.

(10 minutes) Introduce yourself, other coaches and team members. Then ask others to introduce themselves and maybe share why they are interested in joining the team, or what their favorite ride is, etc.

(5 minutes) Explain the mission of the League and the team. Explain what a typical Spring League season looks like for your team (i.e. when do you start practicing, how often, team activities).

(10 minutes) Walk participants through the A-B-C-Quick Bike check and IMBA Rules of the Trail.

(10 minutes) Allow participants to get comfortable riding on their bikes and bond with other riders by doing a bike game (i.e. Survivor Island, Slow Race, etc.).

(15 minutes) Work on skills and drills. Pick one skill, demonstrate, and allow riders to practice (i.e. lifting front wheel over a small branch).

(30 minutes) Trail ride. If possible, rotate leaders and allow student riders to lead and follow the leader.

(5 minutes) Sharing circle. Ask each participant to share something they learned today and what they enjoyed the most.

(5 minutes) Communicate the next steps. Maybe join the team Facebook page, attend the team launch party, register online, etc.

WHAT TO BRING:

- ✓ Waivers
- ✓ Signup sheet to collect contact information of participants
- ✓ Water, energy snacks
- ✓ Bicycle Pump
- ✓ Cones or instructional props
- ✓ Take away – team flyer, league brochure, contact information
- ✓ Tent if you have one

TIPS:

- ✓ If meeting spot is difficult to find, directional signs are helpful
- ✓ Having a tent setup makes meeting spot more visible
- ✓ The ride should be kept rather short and should accommodate novice riders
- ✓ Avoid too much time standing around

POST RIDE:

- ✓ Mail completed waivers to the League
- ✓ Complete Post-Ride Survey
- ✓ Follow-up email or call with participants

EMERGENCY ACTION PLAN CHECKLIST



Before heading out on a guided ride, it is important to collect information in the event of an injury or other emergencies.

Person in Charge: The person in charge is normally the ride leader or head coach and is the person responsible for the overall for the planning an execution of the EAP.

Please prepare an Emergency Action Plan and provide a copy to all ride leaders, sweeps and guides as well as medical and emergency contact information for every rider.

If a rider has a life-threatening emergency, one person should stay with them and call 911. A second person should be waiting at the entrance to help responders to the injured. This person should also call the injured rider’s emergency contact if they are not already present. A third person should serve as a “runner” to retrieve medical supplies and first aid necessities as needed for the first person that is with the injured and/or take responsibility for the other riders and to ensure the area around the injured is clear.

PRE-RIDE	✓
Name of ride location	
Address of location (or coordinates)	
Determine ride route - BE FAMILIAR WITH THE ROUTE	
Identify evacuation points along the route in the event of an accident	
Create a course map with evacuation points.	
Numbers for local hospital, police, search and rescue	
Address and directions to nearest medical facility	
RIDE	✓
Have you identified the person in charge?	
Have you identified other ride leaders, sweeps, guides or riders who know first aid and CPR?	
Have you communicated the EAP to ride leaders, sweeps and guides?	
Cell phone	
First aid kit	
Name and emergency contact for every rider	
Name and phone number of leaders, sweeps and guides	

ABC QUICK BIKE CHECK



A is for AIR

- Tire pressure: inflate to tire sidewall rating. Valve stem straight.
- Tires (casing): good tread, no sidewall damage
- Spokes: Good tension, none missing, all tight.
- Rims: No dents, twists, or kinks
- Alignment: When spun, wheel is true and centered in the stays.
- Bearings: Wheel spins freely and evenly, and does not wiggle.

B is for BRAKES

- Pads: At least 1/4" of pad remains with even wear.
- Pad Alignment: Meet rim squarely
- Calipers: Brakes centered and tight.
- Brake level travel: At least 3/4" (1 finger) between bar and lever when applied.
- Operation: Smooth and effective. Brakes release completely.

C is for CHAIN, CRANKS and CASSETTE

- Chain: Clean, free of rust, lubricated. No excessive wear (12 links 12 1/8")
- Crank: Turns freely and smoothly, no looseness or binding, not bent.
- Pedals: Tight, intact, no binding, free spinning.
- Cassette: Clean, free of rust. Turns freely and smoothly, not bent.
- Shifter & derailleur: Operates smoothly and properly.

Q is for QUICK RELEASE

- Hubs: Tight in frame. Quick release lever at 90 degrees
- Brake quick releases: Engaged
- Seat: Secure – doesn't twist side to side, up and down. Proper height. Headset tight.
- Handle bar grips: Tight, not worn, handlebar ends covered.

Check is for CHECK IT ALL OVER

- Check bike: No loose or broken parts. Bike doesn't rattle
- Check helmet: Sites level, strap "Y" below ear, strap tight (1 finger clearance)
- Take a quick check ride. Derailleur, brakes, etc. work properly

IMBA RULES OF THE TRAIL



IMBA developed the "Rules of the Trail" to promote responsible and courteous conduct on shared-use trails. Keep in mind that conventions for yielding and passing may vary in different locations, or with traffic conditions.

1. **Ride Open Trails:** Respect trail and road closures — ask a land manager for clarification if you are uncertain about the status of a trail. Do not trespass on private land. Obtain permits or other authorization as required. Be aware that bicycles are not permitted in areas protected as state or federal Wilderness.
2. **Leave No Trace:** Be sensitive to the dirt beneath you. Wet and muddy trails are more vulnerable to damage than dry ones. When the trail is soft, consider other riding options. This also means staying on existing trails and not creating new ones. Don't cut switchbacks. Be sure to pack out at least as much as you pack in.
3. **Control Your Bicycle:** Inattention for even a moment could put yourself and others at risk. Obey all bicycle speed regulations and recommendations, and ride within your limits.
4. **Yield Appropriately:** Do your utmost to let your fellow trail users know you're coming — a friendly greeting or bell ring are good methods. Try to anticipate other trail users as you ride around corners. Bicyclists should yield to other non-motorized trail users, unless the trail is clearly signed for bike-only travel. Bicyclists traveling downhill should yield to ones headed uphill, unless the trail is clearly signed for one-way or downhill-only traffic. In general, strive to make each pass a safe and courteous one.
5. **Never Scare Animals:** Animals are easily startled by an unannounced approach, a sudden movement or a loud noise. Give animals enough room and time to adjust to you. When passing horses, use special care and follow directions from the horseback riders (ask if uncertain). Running cattle and disturbing wildlife are serious offenses.
6. **Plan Ahead:** Know your equipment, your ability and the area in which you are riding and prepare accordingly. Strive to be self-sufficient: keep your equipment in good repair and carry necessary supplies for changes in weather or other conditions. Always wear a helmet and appropriate safety gear.



Agreement to Participate and Release of Liability

TODAY'S DATE: _____

EVENT NAME: _____

EVENT DATE(S): _____

NAME: _____

AGE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

IF PARTICIPANT IS A MINOR:

PARENT NAME: _____

PARENT PHONE: _____

PARENT EMAIL: _____

The undersigned hereby acknowledge that by signing this Agreement, they are assuming risks and agreeing to indemnify, not to sue, and agreeing to release from liability the Washington Student Cycling League (the "WSCL"), it's chapters, subsidiaries, affiliates – including, but not limited to, it's officers, officials, agents, employees, coaches, leaders, instructors, volunteers, agents, sponsoring agencies, sponsors, members, participants, clubs, teams, riders and if applicable, owners and lessor's of premises used for activities (collectively referred to as "Releasees"). It is further understood that the undersigned are giving up substantial legal rights.

In consideration of my voluntary participation in mountain biking events, the undersigned voluntarily makes the following agreements. The undersigned acknowledge that the sport of cycling, specifically mountain bicycling, is an inherently dangerous sport, including but not limited to dangers associated with man made obstacles or natural surface hazards, trees, logs, vegetation, water, pot holes, rocks, cold weather, extreme heat, rain, other bicycles, other riders, pedestrians, vehicles, fixed or moving objects, equipment failure, inadequate safety equipment, and use of equipment or materials provided. Safety equipment includes the use of a safety helmet, which the undersigned have selected and which satisfies the requirements of the WSCL, to protect against serious head injury.

The undersigned ACKNOWLEDGE AND FULLY ASSUME THE RISKS associated with participating in activities, as listed above and including the Releasees' own negligence and the negligence of others. The undersigned fully understand that mountain biking activities include the potential for serious physical injury, permanent paralysis and/or mental injury, disability or death, loss or damage to person or property associated with presence or participation in the activity. The undersigned understand that particular skills, equipment and personal discipline may reduce the risks, but that risk of serious injury exists

The risks include, among other things: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including trail irregularity, equipment failure, inadequate

safety equipment, use of equipment provided by the WSCL, or others; dangers associated with man-made and natural jumps and stunts; motor vehicle accidents; the releases own negligence; the negligence of others; weather conditions; the possibility of serious physical and/or mental trauma or injury, or death associated with this program; slipping and falling; falling objects; water hazards; drowning; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life.

On behalf of self, spouse, heirs, executors, administrators, legal representatives, assignees, and successors in interest (hereinafter collectively "Successors"), the undersigned hereby RELEASE, INDEMNIFY AND HOLD HARMLESS the Releasees. The undersigned hereby waive any and all rights and claims, including claims arising from the Releasees' own negligence, which the undersigned has, or which may hereafter accrue, and from any and all damages which may be sustained by the undersigned directly or indirectly in connection with, or arising out of, participation in or association with the events, including any activities incidental thereto, wherever or however the same may occur.

The undersigned participant agrees that it is their sole responsibility to be familiar with the event course and agenda and the Releasees' rules and any special regulations for the event. The undersigned agree to comply with Releasees'



Agreement to Participate and Release of Liability

rules and regulations/stated and customary terms and conditions for participation. The undersigned participant agrees to ride and otherwise participate so as to neither endanger myself or others. If the undersigned participant observes any unusual significant hazard during my presence or participation, the participant will remove himself or herself from participation and bring to the attention of the WSCL, said hazard immediately. The undersigned participant accepts full responsibility for the condition and adequacy of my equipment or any equipment provided for use. The undersigned participant agrees to wear a helmet, which satisfies the requirements of Releasees' racing rules and regulations, the purpose of which is to protect against serious head injury, and the undersigned assume all responsibility and liability for the selection of such a helmet.

The undersigned participant hereby certifies that I have no physical or medical condition, which would endanger myself or others, or interfere with my ability to safely participate in this event.

The undersigned agree, for self and successors, that the above representations are contractually binding, and are not mere recitals. The undersigned understand that if claims are made against Releasees that the undersigned will be responsible for any costs and fees incurred by Releasees in defending the claims.

This Agreement may not be modified in any way, and not orally. This Agreement shall be effective for injuries now or which may hereinafter occur in the future, whether known or unknown.

The undersigned hereby agrees to hold harmless any and all Releasees, from any liability for ordinary negligence.

The undersigned hereby expressly agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any disputes arising out of this Agreement to Participate and Release of Liability shall be resolved under Washington law and in a venue of competent jurisdiction located within the State of Washington.

CONSENT AND RELEASE OF PARTICIPANT

I have read the above carefully before signing and understand its terms, including giving up substantial legal rights.

_____	_____
Dated	Signature of Participant
_____	_____
Printed Name	Date of Birth

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of _____, a minor (Participant). I agree that the Participant may participate in the Washington Student

Cycling League program and is fit for participation in the sport of mountain biking. I have read and understand the above Agreement, and agree to the Release of Liability as set forth above. In consideration of allowing my child to voluntarily participate, I consent to the Agreement and its terms shall likewise be binding on me, my child, my heirs, legal representatives and assignees. I hereby, for myself, my child and my heirs, HEREBY RELEASE, INDEMNIFY, and HOLD HARMLESS the Releasees, whether or not arising from the negligence of the Releasees.

I hereby release for myself and my child, and shall defend, indemnify and hold harmless the Releasees from any and all claims of liability that I or my child may allege against Releasees, (including reasonable attorneys fees and costs), as a direct or indirect result of injury or death due to my child's participation in the activities offered by Releasees, whether caused by the negligence of the Releasees or others.

I have read the above carefully before signing and understand this waiver.

_____	_____
Dated	Signature of Parent/Guardian

INCIDENT / INJURY REPORT FORM

This form should be filled out and submitted when a serious incident or injury occurs that requires professional medical attention (i.e. a call to 911, a trip to the doctor and/or hospital). In the event of an incident involving critical injury or death, please call the League Director at (206) 291-7773 to report immediately.

RETURN TO:

Washington Student Cycling League
P.O. Box 22187
Seattle, WA 98122
E info@washingtonleague.org
T 206-291-7773 | F 206-577-4564
W www.washingtonleague.org

Please submit this form to the League Director within 24 hours of the incident.

Date of Incident: _____ Time of Incident: _____ CHECK ONE: <input type="checkbox"/> Personal Injury <input type="checkbox"/> Property Damage	Person in charge at the time of the incident: Name: _____ Phone: _____
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INJURED PERSON INFORMATION <input type="checkbox"/> Student-Athlete <input type="checkbox"/> Coach <input type="checkbox"/> Guest/Spectator <input type="checkbox"/> Other: _____
Name of Injured Person: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____
Address: _____ City/State/Zip: _____
Phone: _____ Email Address: _____
Team Name: _____ Was the injured person wearing a helmet at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No

INCIDENT DETAILS
Activity Type: <input type="checkbox"/> Team Practice/Ride <input type="checkbox"/> Race <input type="checkbox"/> Other (specify): _____
Where did the incident occur: <input type="checkbox"/> On Trail (specify): _____ <input type="checkbox"/> On Road (specify): _____ <input type="checkbox"/> At School (specify): _____ <input type="checkbox"/> Other (specify): _____
Phase of activity/event incident occurred: <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After
Phase of ride when incident occurred: <input type="checkbox"/> Beginning <input type="checkbox"/> Middle <input type="checkbox"/> End
Approximate distance from trailhead at time of incident: _____
Describe the incident. How did the incident occur? (Use back if necessary): _____ _____ _____

WEATHER CONDITIONS <input type="checkbox"/> Sunny <input type="checkbox"/> Raining <input type="checkbox"/> Foggy <input type="checkbox"/> Snowy <input type="checkbox"/> Cloudy <input type="checkbox"/> Extreme Temp	TRAIL/ROAD CONDITIONS <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Other: _____	TRAIL/ROAD TYPE <input type="checkbox"/> Paved <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Off-Road/Trail
How many were present at the time of the incident: _____	Student-Athletes: _____	Adults: _____

INCIDENT / INJURY REPORT FORM

CLASSIFICATION OF INJURY <input type="checkbox"/> Non-Injury <input type="checkbox"/> Minor injury or illness <input type="checkbox"/> Serious injury or illness	BODY PART INJURED			
	<input type="checkbox"/> Eye: __Right __Left	<input type="checkbox"/> Wrist: __Right __Left	<input type="checkbox"/> Head	<input type="checkbox"/> Internal
	<input type="checkbox"/> Ankle: __Right __Left	<input type="checkbox"/> Shoulder: __Right __Left	<input type="checkbox"/> Face	<input type="checkbox"/> Back
	<input type="checkbox"/> Knee: __Right __Left	<input type="checkbox"/> Foot: __Right __Left	<input type="checkbox"/> Ear	<input type="checkbox"/> Nose
<input type="checkbox"/> Hand: __Right __Left	<input type="checkbox"/> Leg: __Right __Left	<input type="checkbox"/> Mouth	<input type="checkbox"/> Tooth	
<input type="checkbox"/> Arm: __Right __Left	<input type="checkbox"/> Elbow __Right __Left	<input type="checkbox"/> Neck	<input type="checkbox"/> Finger(s)	
<input type="checkbox"/> Hip: __Right __Left	<input type="checkbox"/> Ear __Right __Left	<input type="checkbox"/> Torso	<input type="checkbox"/> Toe(s)	

PRIMARY INJURY				
<input type="checkbox"/> Allergy	<input type="checkbox"/> Concussion	<input type="checkbox"/> Heat Exhaustion	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cold Injury
<input type="checkbox"/> Fracture	<input type="checkbox"/> Nausea	<input type="checkbox"/> Tooth/Mouth	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Burn
<input type="checkbox"/> Seizure	<input type="checkbox"/> Drowning	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Laceration
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Pain	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Confusion
<input type="checkbox"/> Death	<input type="checkbox"/> Amputation	<input type="checkbox"/> Stroke	<input type="checkbox"/> Illness	<input type="checkbox"/> Sting/Bite

TREATMENT				
On-Site Care Given by:	<input type="checkbox"/> Coach	<input type="checkbox"/> Parent	<input type="checkbox"/> Other Adult	<input type="checkbox"/> EMT/Paramedic
	<input type="checkbox"/> League Staff/Volunteer			
	<input type="checkbox"/> Other (specify): _____			
Name of Person Who Gave Care:	_____			Level of Training: _____
Care Given on Site:	<input type="checkbox"/> Ice	<input type="checkbox"/> Immobilization	<input type="checkbox"/> Bandage	<input type="checkbox"/> Cleaned
	<input type="checkbox"/> CPR			
	<input type="checkbox"/> Other (specify): _____			
Emergency Contact Notified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

DISPOSITION		
<input type="checkbox"/> Report Only	<input type="checkbox"/> Refer to Doctor	<input type="checkbox"/> Continued Riding
<input type="checkbox"/> Released to Parent	<input type="checkbox"/> Refer to Hospital/Clinic	<input type="checkbox"/> injured requested EMS Transport
<input type="checkbox"/> Police	<input type="checkbox"/> Medical Attention	<input type="checkbox"/> Released to personal vehicle
<input type="checkbox"/> Ambulance	<input type="checkbox"/> EMS Transport	<input type="checkbox"/> REFUSAL OF CARE

WITNESSES	
Please include the names and phone number of two (2) witnesses:	
Name: _____	Phone: _____
Name: _____	Phone: _____

SUBMITTED BY	
I prepared this report and attest that the foregoing information is true and correct to the best of my knowledge.	
Printed Name: _____	Signature: _____
Date: _____	Phone: _____