

Rider Registration Form

Ridgeland Recreation & Parks June 3-7 - Ridgeland High School \$75.00

Thank you for your interest in the iCan Bike program. We are pleased to offer this program and look forward to working with you and your family member in this endeavor to learn to ride a two-wheel bicycle independently.

Requirements for Participation (Rider must meet <u>all</u> of below criteria):

- Minimum of 8 years of age
- With a disability
- Able to walk without assistive device
- Able to wear a properly fitted bike helmet
- Able to sidestep to both sides
- Minimum inseam of 20"
- Maximum weight 220 lbs.
- Able to attend camp all 5 days

All fields are required. Registration will not be accepted if this form is incomplete.

Personal Information

Participant First Name: Gender: Date of Birth:	_Last Name:
Parent/Guardian First Name:	Last Name:
Email Address:	
Home Phone: (Work Phone: ()Cell Phone(_)
Preferred method of contact: Home Street:	City:
State: Zip Code:	
Emergency Contact: Name:	Phone:

Physical Information				
Height: inches Weight:lbs. Inseam:inches (measure from floor)				
T shirt size: circle Youth or Adult and Small Medium Large XL 2XL				
Additional shirts (\$15.00, please indicate size(s) and quantities):				
Disability Information				
Primary diagnosis: Secondary diagnosis:				
Please provide detailed information regarding the diagnosis that will help us work with the participant effectively:				
Medical Information				
Food allergies: Yes or No (If yes, please explain:)				
Please explain any medical conditions or health concerns and any special instructions:				

Choose A Session

Please number each session in order of preference. Only mark the sessions you are able to attend.

Session 1	<mark>8:00 am - 9:15 am</mark>
Session 2	<mark>9:35 am – 10:50 am</mark>
Session 3	11:15 am - 12:30 pm

Payment by check enclosed payable to: Ridgeland Recreation & Parks

Rider Information

This information helps camp staff & volunteer spotters assigned to work directly with the Rider understand and better serve the individual needs of the Rider.

Rider's Name:	Nickname:	_Age:
Diagnosis (optional):		

Please highlight the appropriate box as it relates to the rider

	Yes	Sometimes	No
Can communicate his/her needs			
When upset can manage his/her emotions			
Consistently follows simple directions			
Cooperates with others			
Comfortable with physical queues			
Likes to be playfully teased			
Benefits by using pictures to convey meaning			
Gets frustrated easily			
Has trouble staying focused			
Gets upset by loud, sudden noises			
Gets upset by background noise such as music or talking			

Please answer each of the following questions (please use back of form if needed):

1. What strategies do you use to promote positive behavior and/or discourage negative behavior that will enable us to work safely and successfully with the rider?

2. What are favorite activities, movies, music, hobbies or other interests of the rider?

3. Has rider attended an iCan Bike program (formerly Lose The Training Wheels) previously? Yes No If yes, when and what was the outcome?

4. Has he/she ridden with training wheels? Yes No If yes, please provide a brief history.

5. Has rider experienced a bicycling accident? Yes No If yes, please explain?

<u>Rider Liability Release</u>

Rider Name: _____

By signing, I hereby expressly acknowledge that bicycling, like many sports such as swimming, golf, soccer, and gymnastics involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. Further, I hereby expressly acknowledge that photographs and/or videos of the above rider may be taken by parties outside the control of Shine in connection with participating in bike camp. I acknowledge that Shine has limited or no control over such activities of third parties and has no control over any editing and/or use of such photos and/or video footage. As the parent/guardian of the above rider, I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of [Ridgeland Recreation and Parks], iCan Shine, Inc., and Rainbow Trainers, Inc. should injury or mishap occur in this regard.

I understand that data collected from this program will be used to help the camp operate effectively relative to appropriate progressions, bike sizing and behavior management. I acknowledge that I may be contacted in the future for follow up information pertaining to rider progress and status.

Signature of Parent/Guardian: _____

I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine or third parties acting on behalf of Shine. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for the purpose, which may be produced, duplicated, distributed and used for informational, promotional or other public purposes. I understand that photographs and video are not my property and there will be no compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above rider.

Signature of Parent/Guardian: _____