



Rider Registration Form

Brought to you by the Rockdale County Autism Support Group, Inc.

Orientation Meeting: July 10, 5:00-6:00pm

Camp Dates: July 11-15, 2016

Rockdale County High School, 1174 Bulldog Circle, Conyers, GA 30012

Camp Fee: \$150

We are pleased to offer this bike program to people with disabilities and look forward to helping your family member learn to ride a two-wheel bicycle independently.

Requirements for Participation (Rider must meet all of below criteria):

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

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

Rider/Family Information:

Rider Name:	
Rider Gender (M or F):	
Rider Date of Birth:	
Rider Height:	
Rider Weight:	
Rider Inseam (inches from floor while wearing sneakers):	
Rider T-Shirt Size:	

Additional shirts are \$10 each. Please indicate size and quantity and include the payment with the registration fee.

Youth ___ Small ___ Medium ___ Large ___ XL
Adult ___ Small ___ Medium ___ Large ___ XL ___ 2XL

Parent/Guardian Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone:	

Disability Information:

Primary Diagnosis:	
Secondary Diagnosis, if any:	

Please provide detailed information regarding the above diagnoses that will help us work with the rider effectively (box will expand if more room is needed):

--

Health Information:

Rider Food Allergies, if any:	
-------------------------------	--

Please explain any health/medical conditions or health concerns and any special instructions (box will expand if more room is needed):

--

Choose A Session:

Please number each session in order of preference (i.e. 1st, 2nd 3rd). Only mark the sessions you are able to attend:

	Session #1: 8:30 am – 9:45 am
	Session #2: 10:05 am – 11:20 am
	Session #3: 11:40 am – 12:55 pm
	Session #4: 2:00 pm – 3:15 pm
	Session #5: 3:35 pm – 4:50 pm

Payment Information:

Payment of the camp fee is required to process the registration form. Please include check of \$150.00 payable to Rockdale County Autism Support Group OR via PayPal. Third party payments (GCSS, Clayton Center, etc.) are accepted as well as credit card payments. Please email: icanbikerockdale@gmail.com with questions.

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 Name:	
Nickname, if any:	
Age at Time of Camp:	
Diagnosis (optional):	

Please place an 'X' in the box that most appropriately describes the Rider:

Generally speaking, the Rider....	Yes	Sometimes	No
can communicate his/her needs			
when upset, can manage his/her emotions			
follows simple directions			
cooperates with others			
is comfortable with physical queues/prompts			
responds positively to playful banter			
benefits from use of pictures to convey meaning			

gets frustrated easily			
has trouble staying focused			
gets upset by visual or audio stimuli (eg. bright lights, loud noise)			
gets upset by background noise such as music or talking			
Comments/Additional Information (box will expand if more room is needed):			

Please answer each of the following questions (boxes will expand if more room 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? If yes, when and what was the outcome?

4. Has he/she ridden with training wheels? If yes, please provide a brief history.

5. Has rider experienced a bicycling accident? If yes, please explain.

6. Through participating in this iCan Bike program, what are your expectations for your rider?

Rider Liability Release

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 Rockdale County Autism Support Group, Inc., 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, status or for other requests to support the future development and success of the program.

Parent/Guardian Signature:	
-----------------------------------	--

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.

Parent/Guardian Signature:	
-----------------------------------	--

Submission Instructions:

Please mail this completed registration form with payment to: Rockdale County Autism Support Group, P.O. Box 381, Conyers, GA 30012 or e-mail to: icanbikerockdale@gmail.com.

Refund Policy

The refund policy for the camp is as follows:

Your registration fee minus a \$75 administration fee (\$75) will be refunded if you have to withdraw from the camp before June 10th due to circumstances beyond your control.

On or after June 10th, there will be no refunds. If you are unable to attend the camp at any point, please contact Esther Maclin as soon as possible.