

iCan Bike Rider Registration Form

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

- Minimum age - 8 years old*
- Able to sidestep to both sides*
- Have a disability*
- Able to attend camp all 5 days*
- Able to walk without assistive device*
- Maximum weight 220 lbs.*
- Willing and able to wear a properly fitted bike helmet*
- Minimum inseam of 20" (measure from floor while rider is wearing sneakers)*

Camp host: Mike Michaud

Camp dates: July 23 - July 27, 2018

Camp location: Conrad High School 110 Beechwood Rd. West Hartford, CT 06107

Fee: \$150

For questions please contact Mike Michaud at miracleruleaguect@comcast.net

Rider First Name:

Rider Last Name:

Rider Sex:

Rider Date of Birth:

Rider Height (in inches):

Rider Inseam (inches from floor while wearing sneakers):

Rider Weight (in pounds):

Rider T-Shirt Size:

Parent/Guardian Email Address:

Parent/Guardian First Name:

Parent/Guardian Last Name:

Parent/Guardian Cell Phone:

Parent/Guardian Home or Work Phone:

Parent/Guardian Home Address Building/Apartment Number and Street:

Parent/Guardian Home Address City:

Parent/Guardian Home Address State/Province:

Parent/Guardian Home Address Zip Code:

Emergency Contact Name:

Emergency Contact Phone :

Primary Diagnosis:

Secondary Diagnosis:

Please provide any information regarding the above diagnosis that will help us work with the riders effectively:

Rider Food Allergies (if any):

Please explain any health/medical conditions or health concerns and any special instructions:

First Choice of Session :

1. Session #1: 08:30AM - 09:45AM
2. Session #2: 10:05AM - 11:20AM
3. Session #3: 11:40AM - 12:55PM
4. Session #4: 2:00PM - 3:15PM
5. Session #5: 3:35PM - 4:50PM

Second Choice of Session (select a different session):

1. Session #1: 08:30AM - 09:45AM
2. Session #2: 10:05AM - 11:20AM
3. Session #3: 11:40AM - 12:55PM
4. Session #4: 2:00PM - 3:15PM
5. Session #5: 3:35PM - 4:50PM

Third Choice of Session (select a different session):

1. Session #1: 08:30AM - 09:45AM
2. Session #2: 10:05AM - 11:20AM
3. Session #3: 11:40AM - 12:55PM
4. Session #4: 2:00PM - 3:15PM
5. Session #5: 3:35PM - 4:50PM

Payment Information

Payment and receipt of camp fee is required before the registration can be processed. Your child is not enrolled in camp until we receive payment. Once payment is received we will send you an email confirmation.

If paying by check, please make check of \$150 payable to Miracle League of CT Inc. and mail to:

iCan Shine Bike Camp
C/O Miracle League of CT Inc.
47 Upson St.
Bristol, CT 06010
(write your rider's first and last name in the memo section)

If paying by credit card, please complete the information below:

Name on Credit Card:

Credit Card Number:

Credit Card Expiration Date (month/year) (MM/YYYY):

Credit Card Security Code (### or #####):

I will be submitting payment by check instead of credit card: No Yes

Rider Information (shared with Rider's Assigned Volunteers)

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_:

Rider nickname (if any):

Rider Age (at Camp Start Date):

Diagnosis (optional):

If "Other" diagnosis, please list below:

	Yes	Sometimes	No
can communicate his/her needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
when upset, can manage his/her emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
follows simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cooperates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is comfortable with physical queues/prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
responds positively to playful banter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benefits from use of pictures to convey meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gets frustrated easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has trouble staying focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gets upset by visual or audio stimuli (e.g., bright lights, loud noise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gets upset by background noise such as music or talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Additional Information:

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?:

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

Has rider previously attended an iCan Bike program (formerly Lose The Training Wheels)?:

If "yes", please list years:

Describe outcome:

Has he/she ridden with training wheels?:

If "yes", please provide a brief history:

Has he/she experienced a bicycling accident?:

If "yes", please explain:

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

Rider Liability Release

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 below rider may be taken by parties outside the control of iCan Shine, Inc. in connection with participating in bike camp. I acknowledge that iCan Shine Inc. 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 Miracle League of Connecticut, 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.

Rider Name__ :

Parent/Guardian Signature_:

Rider Photo Release

I give permission for the rider named below to be photographed and/or videotaped in print or electronic media by iCan Shine, Inc. or Miracle League of Connecticut, Inc. or third parties acting on behalf of iCan Shine, Inc. or Miracle League of Connecticut, Inc. 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 rider.

Rider Name :

I consent to the release of my Rider's photos or videos:

Parent/Guardian Signature: