



## Rider Registration Form

July 27 – July 31, 2015

Sponsored by  
Miracle League of Connecticut  
The Farmington Inn  
West Hartford Bicycle Advisory Committee  
West Hartford Board of Education  
in partnership with West Hartford Human & Leisure Services



**Location: Conard High School, 110 Beechwood Road, West Hartford, CT 06107**

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):

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

### Payment Information:

**Payment of the camp fee is required to process the registration form. Please include check of \$150 payable to West Hartford Leisure Services OR complete below credit card information:**

**Payment must accompany application:**

\_\_\_ VISA \_\_\_ Master Card: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Exp Date: \_\_\_ \_\_\_  
\_\_\_ Check Number (Made out to Town of West Hartford) Month Year

\*\*\* MAIL TO: Special Needs Coordinator  
Elmwood Community Center, 1106 New Britain Avenue, West Hartford, CT 06110

### 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:	
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):***

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### Health Information:

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

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### 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: 8:00 am – 9:15 am
	Session #2: 9:45 am – 11:00 am
	Session #3: 12:15 pm – 1:30 pm
	Session #4: 2:00 pm – 3:15 pm
	Session #5: 3:45 pm – 5:00 pm

**\*\*\*Note: Parents/caregivers are required to remain on site during the session.**

### 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			
<b>Comments/Additional Information (box will expand if more room is needed):</b>			

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

<b>Is the Rider....</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>
independent with toileting			
menstruating			

***It is suggested that a change of clothing and/or supplies are brought daily to the bike camp in the event they are needed during the program.***

**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

<b>Rider Name:</b>	
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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 Bike West Hartford, Inc., Miracle League of Connecticut, West Hartford Bicycle Advisory Committee, Town of West Hartford, West Hartford Board of Education, 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.

<b>Parent/Guardian Signature:</b>	
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I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine or Bike West Hartford, Inc., Miracle League of Connecticut, West Hartford Bicycle Advisory Committee, Town of West Hartford, West Hartford Board of Education or third parties acting on behalf of Shine or Bike West Hartford, Inc., Miracle League of Connecticut, West Hartford Bicycle Advisory Committee, Town of West Hartford, West Hartford Board of Education. 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.

<b>Parent/Guardian Signature:</b>	
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### Submission Instructions:

***Please mail this completed registration form with payment to: Special Needs Coordinator, Elmwood Community Center, 1106 New Britain Avenue, West Hartford, CT 06110f or e-mail to Sara.Tamborello@westhartfordct.gov.***