



Rider Registration Form

Down Syndrome Advocacy Foundation
Center for Community Inclusion
June 27 – July 1, 2016
Pratt Recreation Center ~ Post Campus of Long Island University
720 Northern Blvd., Brookville, NY 11548
Cost: \$200



Thank you for your interest in the iCan Bike program (**Formerly Lose The Training Wheels**). 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 and to share the excitement with a special friend.

Activities: Each individual with a disability must bring a friend/buddy along. It can be a friend, a sibling, or a relative within the same age range. While your family member with a disability is learning to ride a bicycle, their friend/buddy will be participating in a unique program where he/she will learn about disabilities, strategies for fostering independence in their friend/family member with a disability, and how to react when faced with situations where others are not understanding of differences. If your family member's buddy is not available, his/her application will be placed on a waitlist. If we have space available at the completion of registration and can provide a buddy for your family member, we will contact you.

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
- Minimum inseam of 20"
- Maximum weight 220 lbs.
- Able to attend camp all 5 days
- Participants must bring their own bike helmet daily
- Participants must wear sneakers daily
- Parents must remain at camp all 5 days

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

Personal Information

Participant First Name: _____ Last Name: _____
 Gender: ___ Date of Birth: _____
 Parent/Guardian First Name: _____ Last Name: _____
 Email Address: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Preferred method of contact: Home _____ Work _____ Cell _____
 Street: _____ City: _____
 State: _____ Zip Code: _____
 Emergency Contact: Name: _____ Phone: _____
 The name/age of the friend that will be accompanying your child: _____
 T-Shirt sizes of participant and "buddy" _____ (Adult sizes only as children's sizes run very small)

Physical Information

Height: _____ inches Weight: _____ lbs.
 Inseam: _____ inches (measure from floor while rider is wearing sneakers)

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 other 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. We will do our best to accommodate your #1 choice, however, there is no guarantee.

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

Payment Information

****Payment of the camp fee is required to process the registration form****

Please charge my credit card \$200.00

Name on Credit Card: _____

Card Number: _____ Exp. Date: _____

Security Code: _____ Signature: _____

Fax completed registration form to: 631-343-7208

- OR -

Payment by check enclosed payable to:

DSAF
P.O. Box 12173
Hauppauge, NY 11788
by June 20, 2016

***Note:** Required parent/caregiver informational/orientation meeting will be held
Sunday, June 26, 2016, 4:00 pm - 5:00 pm
Pratt Recreation Center ~ LIU Post
720 Northern Blvd., Brookville, NY 11548

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	<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"/>
Consistently follows simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable with physical queues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to be playfully teased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits by using 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 loud, sudden noises	<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"/>

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?

Exhibit D
Rider Liability Release

Rider Name: _____

Part I (Mandatory for Participation)

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 the Down Syndrome Advocacy Foundation, Long Island University, 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.

Signature of Parent/Guardian: _____

Part II (Not Mandatory for Participation)

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: _____

LONG ISLAND UNIVERSITY
PARTICIPANT WAIVER AND RELEASE FROM LIABILITY FORM

Activity: BIKE CAMP RECREATION

June 27, 2016 through July 1, 2016

Participant (Buddy) Information:

Name:
Buddy For:
Address:
Phone/Email:

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Waiver: I am the parent/guardian of the participant(s) listed above. In consideration for receiving permission for my child to participate in this activity/program, I, on behalf of my child, hereby release, waive, discharge and covenant not to sue and agree to hold harmless, Long Island University ('University'), the Down Syndrome Advocacy Foundation ('Foundation') and their trustees, officers, successors and assigns, agents, employees and volunteers, from any and all liabilities, claims, demands or injury, including death, and property damage which may be sustained by my child while he or she is participating in such activity/program.

Assumption of Risk:

1. I state that I am aware that my child's participation in this activity/program comes with inherent dangers and poses certain risks, both known and unknown, including but not limited to damage to property, bodily injury and/or death. The specific risks vary from one activity to another and the risks can range from minor injuries, to major and catastrophic injuries. My child's participation in this activity/program is voluntary. I assume all risks on behalf of my child associated with his or her participation in the activity/program including, without limitation, the risk of any negligence or recklessness or failure to act by the employees or volunteers of the University, the Foundation or others.
2. My child is in good health, and has no physical conditions that would affect his or her ability to participate in this activity/Program or that would be detrimental to his or her health, and I have not been advised otherwise by a medical practitioner.
3. The University reserves the right to suspend or terminate my child's participation if it is deemed that his or her actions, words or conduct are detrimental to, or incompatible with, the interests, purpose or welfare of the activity itself, other participants, the University or the Foundation.
4. I maintain health and accident insurance coverage for the participants named above. I further agree to accept full responsibility for any and all expenses, including any medical expenses that may be associated with any injuries my child may suffer as a result of his or her participation in this program/activity.

Acknowledgement of Understanding: I, on behalf of my child, have read and understand the terms of this document and agree to accept the risks. I understand that by signing this document, I am giving up my legal right to sue to recover damages for claims I might otherwise have raised on his or her behalf, as a result of his or her participation in the program/activity.

Name of Parent/Guardian of Participant

Signature

Date