



RIDER REGISTRATION FORM

Monday, June 22 to Friday, June 26, 2020

Churchville Parks & Recreation Building
3023 Level Road | Churchville, Maryland



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

RIDER MUST MEET ALL CRITERIA BELOW:

- 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", measured from the floor while rider is wearing sneakers

RIDER INFORMATION:

Rider First Name _____ Rider Last Name _____

Rider Nickname (if any) _____ Rider Inseam _____ (in inches from the floor wearing sneakers)

Rider Date of Birth _____ Rider Age at Time of Camp _____ Rider Gender _____

Rider Height _____ (in inches) Rider Weight _____ Rider T-Shirt Size _____

FAMILY INFORMATION:

Parent/Guardian First Name _____ Parent/Guardian Last Name _____

Parent/Guardian Email _____

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:



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ADDITIONAL RIDER INFORMATION:

Note: All of the following Rider information is disclosed orally and/or in print to the Rider's assigned Volunteers. Please do not include any information below that you do not consent to being disclosed to the Rider's assigned Volunteers.

HEALTH INFORMATION:

Rider Food Allergies, if any _____

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

Please check the box that most appropriately describes the Rider

Generally speaking , 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"/>
Can follow 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 the 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 or additional information:



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ADDITIONAL RIDER INFORMATION:

Please answer each of the following questions; this information helps camp staff & volunteers understand and better serve the individual needs of the rider.:

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 some of the Rider's favorite activities, movies, music, hobbies or other interests?

3. Has the Rider previously attended an ICan Bike program? (formerly Lose the Training Wheels)

Yes No

If Yes, list year(s) _____

Describe the outcome.

4. Has the Rider ridden a bike with training wheels?

Yes No

If Yes, please provide a brief history.

5. Has the Rider experienced a bicycling accident?

Yes No

If Yes, please explain.

6. What are your expectations for your Rider by participating in this iCan Bike program?



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CAMP INFORMATION

To reserve a rider spot, return this completed form and \$50 registration fee to:

Harford County Office of Disability Services
Department of Community Services
125 N. Main St. | Bel Air, MD 21014

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 - 9:45 a.m.

_____ Session #2: 10:15 –11:30 a.m.

_____ Session #3: 12:30 - 1:45 p.m.

_____ Session #4: 2:15 - 3:30 p.m.

Payment Information

Payment of the camp fee is required to process the registration form. Riders will receive a Bike Camp t-shirt and a completion medal on the last day of camp. Please include a check for \$50. payable to Harford County, Maryland with Bike Camp in the memo.



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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 iCan Shine in connection with participating in bike camp. I acknowledge that iCan 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 Harford County Maryland, 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 Harford County Maryland or third parties acting on behalf of iCan Shine or Harford County Maryland. 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 _____

Submit this completed form and \$50 registration fee to:
Harford County Office of Disability Services
Department of Community Services
125 N. Main St. | Bel Air, MD 21014

Questions? Contact Rachel Harbin, 410-638-3373 or disability@harfordcountymd.gov