



A Nationally Recognized Special Needs Bike Camp

JULY 26 - JULY 30, 2010

Co-Sponsored by

Kiwanis Club of West Hartford

and

West Hartford Human & Leisure Services

Location: Conard High School

110 Beechwood Road, West Hartford, CT



APPLICATION FORM

**YOUR CHECK MUST ACCOMPANY THIS APPLICATION FORM. PLEASE
MAKE YOUR CHECK PAYABLE TO: TOWN OF WEST HARTFORD.
MAIL TO WEST HARTFORD HUMAN & LEISURE SERVICES, 50 SOUTH
MAIN STREET, WEST HARTFORD, CT 06107**

Child's Name: _____ Nickname if Preferred: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail address: _____

Age: _____ Date of Birth: __/__/__ Height: _____ (MIN. = 40") Weight: _____ (MAX. = 220lb)

T-shirt size: Youth or Adult (circle one) Size: S M L XL XXL (circle one)

Leg inseam measured from floor _____ inches (MIN. = 20")

BICYCLE HELMET REQUIRED

Parent/Guardian Name: _____

Address (if different from above): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____

Name

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person authorized to pick up child (other than parent/guardian): _____

Name

Address

Relationship to Child

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician: _____ Office Phone: _____

Physician Address: _____
Street City State Zip

Primary Disability: _____

Please indicate as applicable to your child:

- | | |
|--|---|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Low Muscle Tone |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Speech/Language Disorder |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> ADD |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Orthopedic Challenges | <input type="checkbox"/> Asthma (provide inhaler) |
| <input type="checkbox"/> Cognitive Delay | <input type="checkbox"/> Life-Threatening Allergy (provide Epi-Pen) |
| <input type="checkbox"/> Touch Sensitive | <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Other |

Please Explain Items Checked Above: _____

Food Allergy? Yes No; How managed? _____

Medication(s)?: _____

Mobility Aids?: _____

Auditory Aids?: _____

Independent with Toileting? Yes No

Menstruating? Yes No *Must be able to tend to own personal care needs.

Send supplies and change of clothing in back-pack to bike camp.

Indicate any equipment/technology used in daily life skills: _____

Suggested accommodations for successful participation in camps: _____

Rate your child's desire to learn to ride a bike independently.

1-10, (1) Does not want to learn. (10) Extremely excited and motivated. _____ Please write number here.

Please describe your child's previous experiences with bicycling or attempts to bike ride (i.e. training wheels, refusal to try, previous biking accidents or mishaps, riding on tandem, use of adapted bikes or 3-wheelers, 4-wheelers):

Please describe your goals for enrolling your child in "Lose the Training Wheels" (i.e. peer inclusion, self-esteem, family biking, increased stamina, a chance to exercise and be more active, basic transportation and independence, pride in being able to ride a bike, preparation for eventually driving a car, all of the above):

Please number the time in order of your preference:

- _____ 8:00 - 9:15 am
- _____ 9:30 - 10:45 am
- _____ 11:00 am - 12:15 pm
- _____ 1:30 - 2:45 pm
- _____ 3:00 - 4:15 pm

WAIVER: I realize that, as with any physical activity, there is a possible risk of injury to myself or my child while participating in this activity. I agree to assume the risk of injury for which my child or I might suffer while participating in the "Lose the Training Wheels" program. I will not hold the Kiwanis Club of West Hartford, Town of West Hartford, West Hartford Board of Education or their respective officers, officials, agents or employees, "Rainbow Trainers, Inc", Lose the Training Wheels, Inc., or any Lose the Training Wheels Staff, liable for any injuries which my child or I may suffer while participating in this bike camp program.

Parent/Guardian : _____

Print

Parent/Guardian : _____

Signature

Date: _____

Office Use Only: _____

Date received by Human & Leisure Services



Our purpose is to be as realistic as possible in seeing that each camper gets the most appropriate instruction. It is the experience of Rainbow Trainers, Inc. that certain factors may interfere with or slow success in bike riding. As applicable, please indicate from the list below if there are any conditions for this camper that might interfere with becoming a successful bike rider.

- Low stamina
- Obesity
- Low muscle tone
- Motor control issues
- Problems with attention or focus (such as autistic tendencies, ADD or ADHA)
- Defiance disorder, oppositional behavior
- Difficulty functioning in a social setting
- Tactile defensiveness (unwilling to be touched, refusal to put on a helmet, resistance to coming into contact with a bike or its parts such as handlebar grips)
- Visual impairment
- Physical limitations
- Very low cognitive ability (inability to perform simple tasks like dressing, requiring toilet assistance, requiring handling food assistance)
- Abnormal fears (especially of bikes, speed, images of crashing)
- Obsessive reliance on a favorite toy, or other security image
- Obsessive reliance on an adult
- Resistance to being with strangers
- Fear of riding a bike
- Balance issues in normal activities such as walking
- Experiences difficulty with spatial perceptions
- Non-verbal and requires a therapist fluent in sign

Other: _____

Additional comments or helpful information: _____

PLEASE NOTE:

“Our Lose the Training Wheels program is predicated on creation of a social setting where we work with children in groups. . . Should your child, or any child, become disruptive or otherwise refuse to participate, we will make a reasonable effort to work with the child to overcome any problems or fears. But if it is determined by our staff that the child’s refusal or behavior is unproductive as well as possibly harmful to the progress of others, we will ask the child to withdraw from participation in the program.” (Dr. Richard Klein, Founder)



CONSENT FOR PUBLICITY AND PHOTOS

I _____, parent/guardian of
printed name

_____, understand that as a condition of participation, "Lose the
printed name

Training Wheels" staff, Kiwanis Club of West Hartford or The Town of West Hartford will take photographic images, sound images, and anecdotal information of my child. Photography is used as a part of the evaluation of the progress of each child, notably video-taping. Still pictures are also taken. These images are used to document progress, for record keeping, and for program promotional purposes. These images and records are used internally for proper operation of the program as well as externally as related to publications in research journals, media coverage, program development and program promotion.

My signature here indicates my consent to such filming, photography and record keeping and to utilizing these visuals and notes for research or program promotion. I hereby waive any right to inspect or approve the finished video, photograph, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that might be applied.

Parent/Guardian Signature

Date