



Lose the Training Wheels Participant Application Form

Parent Orientation June 19, 5:00 P.M. at Nelson Center

Camp Dates June 20 - 24, 2011

Nelson Center, 1601 N. 5th Street, Springfield, IL 217-753-2800

Cost of program: \$200 per participant (includes helmet and t-shirt)

Return applications by June 5 to Becky Johnson, ribj_home@comcast.net or mail to 1105 Bridle Path Lane, Springfield, IL 62712

Requirements for participation:

- *Minimum of 8 years of age
- *With a disability
- *Able to walk without assistive device
- *Able to wear a properly fitted bike helmet
- *Able to sidestep to both sides
- *Inseam of 20" or more
- *Weight of 220 lbs. or less
- *Must be able to attend all 5 days of camp

*****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 _____ Age _____

Parent/Guardian First Name _____ Last Name _____

E-mail Address _____

Home Phone (____) _____ Work Phone(____) _____ Cell Phone(____) _____

Preferred method of contact Home ____ Work ____ Cell ____

Street address _____

City _____ State _____ Zip _____

Emergency Contact: Name: _____ Phone: _____

Physical Information

Height _____ Feet _____ Inches Weight _____ lbs

Inseam _____ Inches (measured from floor)

T shirt size (circle) **Youth** Small (2/4) Medium (6/8) Large (10/12) XL (14/16)
 Adult Small Medium Large XL 2XL

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 no If yes, please explain: _____

Please explain any other medical conditions: _____

Orientation for Parents/Guardians

An orientation meeting will be held **June 19, 5:00 P.M. at Nelson Center, 1601 N. 5th Street, Springfield, IL 217-753-2800**. This is an important time to learn about the program, what you can do at home both during the week and after the camp concludes to help your participant achieve the highest level of success. You will also receive critical information regarding selecting an appropriate bike and bike fit. There will be question & answer time as needed. Please arrange your schedule so you are able to attend. This is the only time this information will be presented. Children are discouraged from attending so you can focus on the discussion, but we realize this is not always possible.

Choose a Session

Please number each session in order of preference. Only mark the sessions you are able to attend.

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

Will you be able to attend all five days of camp? yes no



Payment & Submission Information

Payment of the camp fee is required to process the registration and reserve a session slot.

Registration fee \$200.00

Total paid \$_____

Select a payment option:

Payment by check enclosed payable to: **Lincoln Land Down Syndrome Society**

Submit your completed application by June 5 to:

rjbj_home@comcast.net

or mail to:

Becky Johnson

1105 Bridle Path Lane

Springfield, IL 62712



Participant Release Form

Program: Lose the Training Wheels™

I give permission for (print rider name) _____ to be photographed and/or videotaped for use in publicizing the above-mentioned program in print or electronic media. I acknowledge and agree that my participation in photographs and videos may be edited and used in whole or in part and may be reproduced, duplicated, distributed and used for informational or promotional purposes. I understand that photographs and video become the property of Lose the Training Wheels and its sponsoring organization, *Lincoln Land Down Syndrome Society and Autism Society of America Central Illinois Chapter*, without compensation to me. I understand and authorize the use in writing or otherwise use of the name or identity of the above participant.

By signing, I hereby expressly acknowledge that bicycling, like many sports, involves movement and physical activity, and that injury or mishap are possible in spite of all reasonable safeguards and precautions. I have read the program description (included with this application) and acknowledge that all of my questions regarding the program have been satisfactorily answered. I understand the nature of the program, including both the risks and benefits and give permission for the above named riders participation. As the parent/guardian I accept such risks and agree to hold harmless the principals, staff and volunteers of *Lincoln Land Down Syndrome Society, Autism Society of America Central Illinois Chapter, Lose the Training Wheels, Inc., and Rainbow Trainers, Inc.* I also understand that I may withdraw my participant from the program at any time.

I understand that data collected from this program by Lose The Training Wheels, Inc. will be used to run the camp effectively relative to appropriate progressions, bike sizing and behavior management. I acknowledge that Lose the Training Wheels, Inc. may contact me in the future for follow up information pertaining to participant progress and status.

Signed _____
(Signature of parent/ guardian if program participant is under 18 years of age.)

Print Name _____

Date _____

FAQs regarding Consent to Photograph and Consent for Name Release

Question: Why am I being asked to consent to the use of my participant's photo?

Answer: Most people have never heard about the Lose the Training Wheels, a non-profit organization. Publicity is critical if we are to attract campers, educate the public and raise money to underwrite a significant portion of the cost of attending the camp.

Additionally, our camp will be attended by proud parents taking pictures of their participant and camp activities. Our staff is focused on teaching participants to ride a bike. We simply won't have time to monitor who is taking pictures and for what purpose.

Question: I understand the consent to photograph, but why do you need consent for use of name?

Answer: Most media organizations will not publicize a photo or video unless they can personalize it by identifying the names of the people shown in the photo or video. Thus, your consent for their name to be used in association with their picture is necessary to acquire this much needed publicity.

Question: I understand why you want this permission; however I simply cannot provide it to you. Can I still enroll my participant in the Lose the Training Wheels camp?

Answer: Unfortunately, no. We understand you may have reasons for not wanting to give consent. However, in order to protect the quality of this and future camps we cannot enroll any participant in the camp without these consents. We appreciate your understanding of this policy.



Lose the Training Wheels

Program Description

The objective of Lose the Training Wheels is to teach individuals with disabilities to ride a conventional two wheel bicycle without training wheels.

Our program uses specialized equipment, coaching and encouragement to reach this goal. Through the use of our equipment, we gradually introduce the instability of the bicycle until the participant “discovers” how to ride a bike.

Staff from Lose the Training Wheels (LTTW), in partnership with *Lincoln Land Down Syndrome Society and the Autism Society of America Central Illinois Chapter*, conduct the program. The LTTW staff will supervise the progress of the participants and direct the work of volunteer “spotters”. They will also make necessary adjustments to the trainer bikes for each participant.

Participants will attend one session (75 minutes) per day for a total of five days. During the session each participant will ride indoors on an adapted trainer bike or outdoors on a conventional bike once they have achieved that skill level. Participants are required to wear a properly fitting helmet when they are on a bike.

Bicycling involves a physical activity on moving equipment. It is inevitable that circumstances will arise when it is necessary to physically touch, hold, or even grab your participant. This often occurs as we place feet on pedals, lift a chin to improve forward vision, place a hand on the back to increase pedaling speed, or catch a participant who might be falling. These activities occur in a public setting and are for therapy purposes. If you or your participant objects to being touched you are advised to not enroll in this program.

In spite of extensive safety measures, bicycling involves the risk that a participant will fall or collide with an obstacle or another rider. The result of a fall or collision could be a mild injury such as a skinned knee or a serious injury such as a broken bone or head injury. By enrolling in this program you acknowledge that you are aware of, understand and accept this risk.

We strive to teach every participant to become an independent bike rider, but we are not successful in all cases. The outcome cannot be predicted and is not guaranteed. We do promise to make every effort to provide the best equipment, staff and environment to assure each participant's highest level of success possible.



Rider Information

Please provide the following information for use by
camp staff & volunteer spotters

Rider's Name: _____ Nickname: _____ Age: _____

Please mark the appropriate box as it relates to the rider and answer the questions below:

	Yes	Sometimes	No
Can communicate his/her needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets frustrated easily	<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"/>
Likes to be touched to help re-direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to be touched to express joy or comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to be playfully teased	<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"/>
Benefits by using pictures to convey meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fearful about riding a bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What strategies do you use to promote positive behavior and/or discourage negative behavior that will enable staff to work safely and successfully with the rider?

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

Please provide a brief bike riding history (Training wheels? Accidents? Previously attended LTTW camp (including result)?, etc.) _____
