



Rider Registration Form

*KidsInclusive-Kingston Health Sciences Centre
and Developmental Services of Leeds and Grenville
July 16th-July 20th at the Brockville Memorial Arena
Registration: \$50*

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)

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

Rider/Family Information:

Rider First Name:	
Rider Last Name:	
Rider Gender (M or F):	
Rider Date of Birth:	
Rider Height(in inches):	
Rider Weight:	
Rider Inseam (inches from floor while wearing sneakers):	
Rider T-Shirt Size:	
Parent/Guardian First Name:	
Parent/Guardian Last Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	

Home Address: <i>Street/ City</i>	
Home Address: <i>County& postal code</i>	
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):

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):

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: 8:15 am – 9:30 am
	Session #2: 9:50 am – 11:05 am
	Session #3: 12:15 am – 1:30 pm
	Session #4: 1:50 pm – 3:05 pm

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			
Comments/Additional Information (box will expand if more room is needed):			

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 previously attended an iCan Bike program (formerly Lose The Training Wheels)?

Yes No

If yes list year(s):

Describe 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.

6. Through participating in this iCan Bike program, what are your expectations for your rider?

Rider Liability Release

Rider Name:	
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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 staff and volunteers of KidsInclusive- Kingston Health Sciences Centre (KHSC) and Developmental Services of Leeds and Grenville (DSL), 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. I understand that data collected in this form will be stored at KidsInclusive- KHSC and will only be shared with the organizing committee and the rider's assistants.

Parent/Guardian Signature:	
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I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine, KidsInclusive-KHSC and Developmental Services of Leeds and Grenville (DSL) or third parties acting on behalf of Shine, KidsInclusive-KHSC or DSL. 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 including websites of Shine, KidsInclusive-KHSC and DSL. 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:	
Witness:	Signature:

Submission Instructions:

Please mail or drop off completed registration form and payment to:

Developmental Services of Leeds and Grenville

Attn: Lesley or Kim

P.O Box 1688

Brockville, ON

K6V 6K8

Payment of \$50.00 can be made out to KidsInclusive – Kingston Health Sciences Centre

For general inquiries, please contact Beth Scott at 613-544-3400 ext. 2610 or Elizabeth.Scott@kingstonsc.ca