



presented by



iCan Bike Registration Form | June 19 – 23, 2017 | Perry Park Ice Skating Rink

Thank you for your interest in iCan Bike. We are pleased to offer this program and look forward to working with you and your family member to learn to ride a two-wheel bicycle independently.

Requirements for Participation

If all items listed apply, the individual is eligible to participate and has the best chance of bike camp success.

- Minimum of 8 years of age
- With a disability
- Able to walk without assistive device or without hand being held
- Willing & able to wear a properly fitted bike helmet
- Able to sidestep to both sides
- Weight of 220 lbs. or less
- Inseam of 20" or more (measure from floor while rider is wearing sneakers)
- Must be able to attend all 5 days of camp

Will you be able to attend all 5 days of camp? Yes No

If no, we will place your name on a wait list and preference will be given to another participant.

How did you learn about iCan Bike? _____

Personal Information All fields are required; registration will not be accepted if incomplete.

Participant Name (first and last) _____

Gender _____ Date of Birth _____

Parent/Guardian Name (first and last) _____

Email Address _____

Home Phone _____ Work _____ Cell _____

Preferred Method of Contact Home Work Cell

Street Address _____

City _____ State _____ ZIP _____

Emergency Contact Information

Name _____ Phone _____

I have participated in programs or services at: Easterseals Crossroads Rainbow's End

Physical Information

Height _____ inches Weight _____ lbs

Inseam _____ inches (measure from floor while rider is wearing sneakers)

- T shirt size** Youth or Adult
- Youth sizes** Small = 6/8 Medium = 10/12 Large = 14/16
- Adult Sizes** Small Med Large X Large 2XLarge

Rider's Name _____ Nickname _____ Age _____

Disability Information

Primary diagnosis _____

Secondary diagnosis (if any) _____

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. _____

Behavior Information - Please mark the appropriate box as it relates to the participant.

	Always	Sometimes	Seldom	Never	N/A
Can communicate his/her needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can consistently make appropriate choices	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable with physical cues / prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to be playfully teased	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets frustrated easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble staying focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets upset by loud, sudden noises or bright lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets upset by background noise (music, talking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What strategies/techniques are used at home or school to discourage inappropriate behavior and promote positive behaviors? _____

Please share any additional information that will enable staff to work safely and successfully with this participant during the camp. _____

Biking History

Has participant attended an instructional bike camp previously? Yes No

If yes, when and what was the outcome? _____

Has participant ridden with training wheels? Yes No

If yes, please provide a brief history. _____

Has participant experienced a bicycling accident? Yes No

If yes, please explain. _____

Through participation in the iCan Bike program, what are your expectations for your rider? _____

Rider's Name _____ Nickname _____ Age _____

INDY PARKS ~ Perry Park Ice Skating Rink

451 E. Stop 11 Rd, Indianapolis 46227 (Located on the south side of Indy between S.R. 135 & Hwy 31)

Choose a Session

Please indicate your first, second and third choice of times below. We will try to accommodate your preference whenever possible.

- _____ Session 1 - **8:30 a.m. - 9:45 a.m.**
 - _____ Session 2 - **10:05 a.m. - 11:20 a.m.**
 - _____ Session 3 - **11:40 a.m. - 12:55 p.m.**
 - _____ Session 4 - **2:00 p.m. - 3:15 p.m.**
 - _____ Session 5 - **3:35 p.m. - 4:50 p.m.**
-

I understand that total participation is limited to 40 children and that registrations will be accepted on a first come, first serve basis.

I understand that your refund policy is 100% refundable if I withdraw on or before June 2, 2017. However, if I withdraw after June 2, 2017, and my reservation can be filled with another rider, then the amount I paid minus a \$25 fee will be refunded. If my reservation cannot be filled with another rider, then I am not eligible for any refund.

I understand that should my child be unable to participate in the activities in the group and/or for any reason prevent other children from participating, he or she will need to be withdrawn.

I understand that I must bring a helmet for my child to wear during his/her sessions at iCan Bike and that my child must dress appropriately for bike riding, which means no open-toed shoes, sandals, crocs, baggy pants or skirts.

I understand that once my child completes the iCan Bike program, it is essential that he/she will have a bicycle available at home to ride in order to maintain the skills learned during camp. Information about purchasing a bicycle appropriately suited to your child will be sent with your camp confirmation packet.

I understand that Easterseals Crossroads and Rainbow's End Optimist Club are working collaboratively to offer the iCan Bike program for my child and will be sharing information that is critical for successful participation. Shared information may include contact information to be used for notification for future events and programs.

Parent/Guardian Signature

Date

Rider's Name _____ Nickname _____ Age _____

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 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 Easterseals Crossroads, Rainbow's End Optimist Club, 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 _____

I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine, Easterseals Crossroads, Rainbow's End Optimist Club or third parties acting on behalf of Shine, Easterseals Crossroads or Rainbow's End Optimist Club. 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: _____

Rider's Name _____ Nickname _____ Age _____



taking on disability together

Authorization to use Likeness/Information

Consumer Name _____ Date of Birth _____

I, or my legal representative, understand and agree that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easterseals Crossroads or its respective employees and agents may be used by Easterseals Crossroads and those acting with its permission for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals Crossroads and that these materials may be released to the general public. I assign to Easterseals Crossroads all of my rights to these materials.

I understand that these materials made by Easterseals Crossroads, its employees and agents are owned by Easterseals Crossroads and that they may copyright them. I further consent to allow Easterseals Crossroads, their respective employees and agents, and those acting with Easterseals Crossroads' permission to use my protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easterseals Crossroads and to release this information to the general public.

I understand that these materials may be published by Easterseals Crossroads on the Internet. This may disclose my image, name and diagnosis, which is considered personal and protected health information. Easterseals Crossroads does not need to submit these materials to me for further approval and I further understand that Easterseals Crossroads may decide not to use these materials.

I acknowledge that the rights described above are granted to Easterseals Crossroads on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easterseals Crossroads will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easterseals Crossroads to release my protected health information, including image, name and diagnosis if the information has not already been disclosed. To revoke my consent, I must notify Easterseals Crossroads in writing by sending my revocation to Easterseals Crossroads, Marketing Dept, 4740 Kingsway Dr, Indianapolis, IN 46205.

I understand and agree that once Easterseals Crossroads, its respective employees and agents, and those acting with its permission disclose my protected health information, including image, name and diagnosis, as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. This release and authorization expires five years from the date of my signature below.

I have read this release and authorization before signing below, and I fully understand its contents.

Signature of Consumer or Legal Representative

Date

Printed Name of Consumer or Legal Representative

Relationship to Consumer

Witness

Date

Main . 4740 Kingsway Drive . Indianapolis, IN 46205 . p/ 317.466.1000
South . 3215 East Thompson Road . Indianapolis, IN 46227 . p/ 317.782.8888
Industrial Services . 8302 East 33rd Street . Indianapolis, IN 46226 . p/ 317.897.7320
eastersealscrossroads.org . crossroadsindustrialservices.org



Rider's Name _____ Nickname _____ Age _____

Payment Information - Camp Fee is \$130

Payment is required to process the registration and reserve your child's place in the iCan Bike program.

Please charge my credit card **\$130**

Credit Card Type Visa Master Card Discover American Express

Card Number _____

Exp. Date _____ CSC # (3 or 4 digit code) _____

Billing Address _____

Printed Name _____

Signature _____

Please make check for \$130 payable to Easterseals Crossroads

Registration forms should be mailed to

Easterseals Crossroads South - Attn: Lisa Orem
3215 E. Thompson Road - Indianapolis, IN 46227

Phone: 317.782.8888 - Fax: 317.788.4640 - Email: lorem@eastersealscrossroads.org