



## iCan Bike Akron - Rider Registration Form

**Parent Orientation: Sunday, July 9 at 4pm**

**Camp Dates: July 10-14, 2017**

**Copley High School Auxiliary Gym, Copley OH**

Thank you for your interest in the sixth iCan Bike Camp **sponsored** and **hosted** by the **Autism Society of Greater Akron**. We are proud to partner with iCan Shine to bring this highly specialized camp to our community and look forward to working with you and your rider in this endeavor to learn to ride a two-wheel bicycle independently.

### Requirements for Participation

These are set by iCan Shine to ensure riders are safe and to give them the best chance for success. Riders 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)

### Rider/Family Information

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

Rider Name:	
Rider Gender (M or F):	
Rider Date of Birth:	
Rider Height:	
Rider Weight:	
Rider Inseam:	(inches from floor while wearing sneakers)
Rider T-Shirt Size:	<input type="checkbox"/> Youth <input type="checkbox"/> Adult <b>AND</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL
Parent/Guardian Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Cell Phone:	
Home Address - Street:	
Home Address – City, State, Zip:	
Emergency Contact Name:	
Emergency Contact Phone:	
How did you hear about camp:	



### Disability Information

Primary Diagnosis:	
Secondary Diagnosis, if any:	

***Please provide detailed information regarding the above diagnosis that will help us work with the rider effectively:***

--

### Health Information

Rider Food Allergies, if any:	
-------------------------------	--

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

--

### 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 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



## Payment & Submission Information

A \$250 registration fee is required to process the application and reserve a session slot. **Deadline for submission is June 23, 2017.** Please indicate how the registration fee will be paid:

\_\_\_\_\_ I am paying for camp at \$175.00 (subsidized at \$75.00 by the Autism Society of Greater Akron through a grant by the [GPD Employees' Foundation](#)).

\_\_\_\_\_ I am applying for assistance with a County Board of Developmental Disabilities. I am responsible for \_\_\_\_\_% of the camp fee and am enclosing \$\_\_\_\_\_ as my portion of the \$250 registration fee.

Name of DD: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Make checks payable to:** Autism Society of Greater Akron  
**Mail Check & Application To:** Lisa Thompson  
Autism Society of Greater Akron  
701 S. Main Street  
Akron, OH 44311

## Refund Policy

The registration for participating in iCan Bike Akron is due with the registration form. The camp fee is refundable less a \$25.00 administrative fee if notification of cancellation is received by June 26, 2017. After June 26, refunds granted based on our ability to fill the space with a new participant. Sometimes participants learn to ride in less than the 5 sessions of camp. No refunds, either full or partial, will be given in this circumstance.

Yes, I have read and understand the refund policy,

Signed: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Orientation for Parents / Guardians

An orientation meeting will be held **Sunday, July 9 at 4pm at the Copley High School Auxiliary Gym.** 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 receive critical information regarding selecting an appropriate bike and bike helmet. There will be question and 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.

☐ YES, I will attend the Parent Orientation on Sunday, July 9



## 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:	

***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 (i.e. bright lights, loud noise)			
gets upset by background noise such as music or talking			

**Comments/Additional Information (box expands if completing on computer):**



***Please answer the following questions (box expands if completing on computer)***

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 attended a previous iCan Bike Program? What year(s) and what was the outcome?

4. Has he/she ridden with training wheels? If yes, please provide a brief history.

5. Has rider experienced a bicycling accident? If yes, please explain.

6. By participating in the iCan Bike camp, what are your expectations for your rider?



## Rider Liability Release

<b>Rider Name:</b>	
--------------------	--

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 Autism Society of Greater Akron, 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.

<b>Parent/Guardian Signature:</b> <b>Typing your name in the box</b> <b>signifies your agreement</b>	
--	--

I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine or Autism Society of Greater Akron or third parties acting on behalf of Shine or Autism Society of Greater Akron. 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.

<b>Parent/Guardian Signature:</b> <b>Typing your name in the box</b> <b>signifies your agreement</b>	
--	--

## SUBMISSION INSTRUCTIONS

**Make checks payable to:**  
**Mail Check & Application To:**

**Autism Society of Greater Akron**  
Lisa Thompson  
Autism Society of Greater Akron  
701 S. Main Street  
Akron, OH 44311