



**iCan Bike 2020**

**Rider Registration Form**

**Camp Dates: July 13-17 2020**  
**Location: Friend's University**  
**Garvey Physical Education Bldg.**  
**2100 W. University Ave.**  
**Wichita KS 67213**



**Parent Orientation: July 12, 2020 7-8pm (PARENTS only) – Friend's University Garvey Physical Education Bldg.**

**Cost of program: \$125.00 per participant (includes helmet, t-shirt, and trophy)**

**Return applications by June 30, 2020** to Cindi Unruh at [cunruh@ilrcks.org](mailto:cunruh@ilrcks.org) or Independent Living Resource Center, 3033 W. 2<sup>nd</sup> St. North, Wichita, KS 67203

**Applications received after June 30th the fee increases to \$135.00.**

**Requirements for participation (Rider must meet all of below criteria):**

- \*Minimum of 8 years of age
- \*Diagnosed with a disability
- \*Able to walk without assistive device
- \*Willing to wear a properly fitted bike helmet
- \*Able to sidestep to both sides
- \*Able to attend camp all 5 days
- \*Maximum weight of 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. \*\*\***

**Please Print All Information**

**Rider / Family Information**

<b>Rider Name:</b>	
Rider Gender (M or F):	
Rider Date of Birth:	
Rider Height:	
Rider Weight:	
Rider Inseam (inches from floor while wearing sneakers):	
<b>Rider T-Shirt Size: (please circle)</b>	S (6/8)    M (10/12)    L (14/16)    XL (18/20)
<b>Youth Size:</b>	
<b>Adult Size (please circle)</b>	S (34-36)    M (38-40)    L (42-44) XL (46-48)    XXL (50-52)    3XL (54-56)
Parent/Guardian Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone:	

## Disability Information

<b>Rider Name:</b>	
Date of Birth:	
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

**Food Allergies:**                      **Yes**    **No**

If Yes, please list allergies:

**Does Rider use an EpiPen?** **Yes**    **No**

**Heart conditions:**                      **Yes**    **No**

If Yes, please explain:

**Breathing Problems:**                      **Yes**    **No**

If Yes, please explain

**Seizures:**

Date of last seizure, please explain:

**Please explain any health/medical conditions or health concerns and any special instructions** (box will expand if more room is needed):

## Physician's Statement

Participants in iCan Bike will be riding our adaptive bicycles and / or other bicycles continuously for approximately 75 minutes each day. Most participants will be riding outdoors in the heat and humidity the last few days of the camp with periodic water breaks.

<b>Rider Name:</b>	
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is cleared to participate in the 2020 iCan Bike camp. I hereby certify that I am qualified by training, and experience to properly perform this evaluation reflected on this form.

Name of Physician (print/type)	
Address	
Phone	
Date	
<b>Signature of Physician</b>	
MD, DO, or PA <b>(please circle)</b>	

## Emergency Information (Please Print)

<b>Rider Name:</b>	
Parent(s) or Legal Guardian name(s):	
Insurance Provider:	
Insurance Policy #:	
Names of Insured:	
Name of Physician:	
In Case of Emergency, whom should we contact?	
Name:	
Phone:	
Please list medications, health concerns, and special instructions:	

## Choose a Session

Please number each session in order of preference (i.e. 1st, 2nd, 3rd, 4th or 5th). 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	

## What is the Participant to Wear for Camp?

- Everyone **MUST** wear sneakers.
- T-Shirts and shorts.
- Have available a light weight jacket and pants that will pull over shorts. The temperature may be cool inside The Wichita Ice Center.
- No baggy pants, long skirts, or dresses as they catch in gears or chain.

## Requirement of Parent/Legal Guardian

**It is REQUIRED that a parent or legal guardian be present at the camp at all times to address any issues that might require medical care.**

## 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.

<b>Rider Name:</b>	
Nickname, if any:	
Age at Time of Camp:	
Diagnosis (optional):	

Please place an 'X' in the box that most appropriately describes the Rider:

**Key:** Always (**A**), Sometimes (**S**), Rarely (**R**), Never (**N**), Not Applicable (**NA**)

Generally speaking, the Rider....	A	S	R	N	NA
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					
have fears about riding a bike?	<b>Yes</b>	<b>No</b>			
<b>Comments/Additional Information (box will expand if more room is needed):</b>					

**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 your rider's favorite activities, movies, music, hobbies or other interests of the rider?

3. Has rider attended an iCan Bike program (formerly Lose The Training Wheels) previously?  
If yes, when 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. Through participating in this iCan Bike program, what are your expectations for your rider?

**Help us better serve our community...**

How did you learn about the iCan Bike Camp?

Who referred your child to the iCan Bike Camp?

**Requirement of Parent/Legal Guardian**

**It is REQUIRED that a parent or legal guardian be present at the camp at all times to address any issues that might require medical care.**

**Rider Liability Release**

<b>Rider Name:</b>	
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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. As the parent/guardian I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of Independent Living Resource Center, Inc., iCan Shine, Inc., and Rainbow Trainers, Inc. should injury or mishap occur.

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 hereby appoint a representative of Independent Living Resource Center, Inc., iCan Shine, Inc., and Rainbows Trainers, Inc. as my agent and representative for the purpose of authorizing and consenting to medical, dental and/or hospital care for the treatment for the above rider for any illness or injury that may occur while such person is participating in the iCan Bike camp between the dates of **July 13-17, 2020**, while I am not immediately available to give such consent.

I have read the program description 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. I also understand the participant may be withdrawn from the program at any time.

<b>Parent/Guardian Signature and Date:</b>	
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### **Consent to Photograph and Consent for Name Release**

I give permission for the above rider to be photographed and/or videotaped for marketing and/or educational purposes in print or electronic media. Further, I hereby expressly acknowledge that photographs and/or videos of the above rider may be taken by parties outside the control of Independent Living Resource Center, Inc. or iCan Shine, Inc. in connection with participating in the bike camp. I acknowledge that Independent Living Resource Center, Inc. or iCan Shine, Inc. 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. 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 or promotional 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 and Date:</b>	
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### **iCan Bike Program Description**

The objective of iCan Bike 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 iCan Bike, in collaboration with Independent Living Resource Center, Inc. will conduct the program. The iCan Bike 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 five consecutive 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.

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 not to enroll in this program.

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.

ILRC encourages a chemical based scent & smoke free environment.

**Payment Information:**

Payment of the camp fee is required to process the registration form. Please include check of \$125.00 payable to Independent Living Resource Center, atten: Cindi Unruh or complete below Credit Card Information for host to input transaction:

Name on Credit Card: \_\_\_\_\_  
(Please Print)

Credit Card #: \_\_\_\_\_

Check one: Visa \_\_\_\_\_ or MasterCard \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code \_\_\_\_\_

Check if paying by check \_\_\_\_\_