



**Midland Area Bike Camp
Camper Registration Form
June 14-18th at the
Midland Evangelical Free Church**

Thank you for your interest in the Lose The Training Wheels™ program. We are pleased to offer this program and look forward to working with you and your family member in this endeavor to learn to ride a two wheel bicycle independently.

Requirements for Participation:

(If all items listed here apply, then the individual is eligible to participate.)

Minimum of 8 years of age

Able to sidestep to both sides

Minimum inseam of 20"

Able to walk without assistive device

Maximum weight 220 lbs.

Able to wear a properly fitted bike helmet

Will you be able to attend all 5 days of camp? Yes No If not, we will place your name on a waitlist and preference will be given to another participant.

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

Personal Information

Participant First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Gender: _____ Date of Birth: _____

Parent/Guardian First Name: _____ Last Name: _____

Email Address: _____

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

Preferred method of contact: Home _____ Work _____ Cell _____

Physical Information

Height: _____ inches Weight: _____ lbs Inseam: _____ inches (measure from floor to crotch)
* *Inseam is important. It determines what size bike is available.*

T shirt size: *circle* Youth or Adult **and** Small Medium Large XLarge 2XL

T-Shirt Size: (Youth Size) **Small (6-8)** **Medium (10-12)** **Large (14-16)**
(Adult Sizes) **Small** **Medium** **Large** **X Large** **2 X L**

Helmet Size: Youth Small (6-8) Medium (10-12) Large (14-16)
Adult Small Medium/Large Extra Large

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:

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"/>
Gets frustrated during recreation activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can consistently make appropriate choice	<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"/>

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 LTTW 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? _____

Choose A Session

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

_____ Session 1 9:00 am -10:15 am

_____ Session 2 10:45am – 12:00 pm

_____ Session 3 1:00 pm – 2:15 pm

_____ Session 4 2:45 pm- 4:00 pm

Payment Information

Payment of the camp fee is required to process the registration.

Please charge my credit card \$125

Credit Card Type: Visa Master Card Other _____

Card Number: _____ Exp. Date: _____

Security Code: _____ Signature: _____

Please make check payable to: *The Arc of Midland*

*Mail to: The Arc of Midland
Attn: Midland Area Bike Camp
220 W. Main Street Suite 101
Midland, MI 48640*



Midland Area Bike Camp Camper Release Form

Program: Lose the Training Wheels™

Description: A weeklong bike program that uses adapted equipment to help individuals with disabilities learn to ride a two-wheel bicycle.

I give permission for my child/myself (print name below)

To be photographed and/or videotaped by an Arc of Midland representative or media 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 as desired for this program, which may be produced, duplicated, distributed and used for informational or promotional purposes. I understand that photographs and video become the property of your organization without compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above participant.

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 principals, staff and volunteers of The Arc of Midland, Lose the Training Wheels, Inc., and Rainbow Trainers, Inc. should injury or mishap occur.

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: _____