



Participant Registration Form

Down Syndrome Association of the Lowcountry

July 26-July 30 North Charleston Convention Center

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.)

- | | |
|--|--------------------------------|
| Ages 8-21 | Able to sidestep to both sides |
| With a disability | Minimum inseam of 20" |
| Able to walk without assistive device | Maximum weight 250 lbs. |
| Able to wear a properly fitted bike helmet | Must be potty trained |

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: _____

Gender: __ Date of Birth: _____ Age _____

Parent/Guardian First Name: _____ Last Name: _____

Email Address: _____

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

Preferred method of contact: Home _____ Work _____ Cell _____

Street: _____ City: _____

State: _____ Zip Code: _____

Physical Information

Height: _____ inches Weight: _____ lbs Inseam: _____ inches (measure from floor)

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. Placement requests cannot be guaranteed. Placement is based on age and degree of disability.

- _____ Session 1 8:30am-9:45am
- _____ Session 2 10:00am-11:15am
- _____ Session 3 11:30am-12:45pm
- _____ Session 4 1:45pm-3:00pm
- _____ Session 5 3:15pm-4:30pm

Payment Information

Cost of Camp \$175

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

Cancellations will be accepted by July 1, 2010 **IF** your camp space is filled from our waiting list. In the event this is not possible I am sorry but we will not be able to offer a refund. This program is not-for-profit and the registration fee helps pay a portion of the camp operating costs. The majority of camp costs are subsidized by DSAL, grants and donations. Some scholarship money is available solely based on need. Please contact Gene Carpenter at gpc123@comcast.net for information

Please make check payable to:

Down Syndrome Association of the Lowcountry

And mail to: **Down Syndrome of the Lowcountry**

c/o Gene Carpenter

699 Serotina Pt

Mt. Pleasant, SC 29464

Requirements

- Each participant must come with a properly fitted bike helmet each day. No one will be able to ride without a helmet.
- Tennis shoes must be worn. No crocs, flip-flops etc. No loose fitting pants or dresses.
- Sometimes participants learn to ride in less than the 5 days the camp is in session and do not need to attend all 5 days. No refunds (full or partial) will be given in this circumstance.
- You will receive email confirmation of your child's acceptance in the camp with specific directions.

Thank you for your interest in this camp. Down Syndrome Association is very pleased to offer this to the community!



Participant 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 (if over 18 years of age) (print name below)

To be photographed and/or videotaped by Down syndrome Assoc. of the Lowcountry 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 Down syndrome Assoc. of the Lowcountry, 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.

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

Print Name _____

Date: _____