



Center for Community Inclusion at LIU Post

**Rider Registration Form
Down Syndrome Advocacy Foundation
Center for Community Inclusion
June 26 – June 30, 2017
Pratt Recreation Center ~ LIU Post Campus of Long Island
720 Northern Blvd., Brookville, NY 11548
Cost: \$200**

Activities: Each individual with a disability must bring a friend/buddy along. It can be a friend, a sibling, or a relative within the same age range. While your family member with a disability is learning to ride a bicycle, their friend/buddy will be participating in a unique program where he/she will learn about disabilities, strategies for fostering independence in their friend/family member with a disability, and how to react when faced with situations where others are not understanding of differences. If your family member's buddy is not available, his/her application will be placed on a waitlist. If we have space available at the completion of registration and can provide a buddy for your family member, we will contact you.

We are pleased to offer this bike program to people with disabilities and look forward to helping your family member learn to ride a two-wheel bicycle independently.

Requirements for Participation (Rider 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)

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

Rider/Family Information:

Rider First Name:	
Rider Last Name:	
Rider Gender (M or F):	
Rider Date of Birth:	
Rider Height(in inches):	
Rider Weight:	
Rider Inseam (inches from floor while wearing sneakers):	
Rider T-Shirt Size:	
Parent/Guardian First Name:	
Parent/Guardian Last Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone:	

Disability Information:

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):

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Health Information:

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

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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 Information:

Payment of the camp fee is required to process the registration form. Please include check of \$200.00 payable to DSAF or complete below credit card information:

Name on Credit Card:	
Credit Card #:	
Expiration Date:	
Security Code:	

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 (optional):	

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

Generally speaking, the Rider....	Yes	Sometimes	N o
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			
Comments/Additional Information (box will expand if more room is needed):			

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 favorite activities, movies, music, hobbies or other interests of the rider?

3. Has rider previously attended an iCan Bike program (formerly Lose The Training Wheels)?

Yes No

If yes list year(s):

Describe outcome:

4. Has he/she ridden with training wheels? (Yes/No)

If yes, please provide a brief history.

5. Has rider experienced a bicycling accident? (Yes/No)

If yes, please explain.

6. Through participating in this iCan Bike program, what are your expectations for your rider?

Rider Liability Release

Rider Name:	
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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. 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 DSAF, CCI or 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.

Parent/Guardian Signature:	
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I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine, DSAF, CCI or third parties acting on behalf of Shine, DSAF or CCI. 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.

Parent/Guardian Signature:	
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Submission Instructions:

Please mail this completed registration form with payment to:

DSAF P.O. Box 12173 Hauppauge, N.Y. 11788

or e-mail to DSAF03@gmail.com OR or Fax to 631-343-7208

****Note: Required parent/caregiver orientation meeting will be scheduled closer to event date.***

LONG ISLAND UNIVERSITY
PARTICIPANT WAIVER AND RELEASE FROM LIABILITY FORM

Activity: BIKE CAMP RECREATION
June 26, 2017 through June 30, 2017

Participant (Buddy) Information:

Name:
Buddy For:
Address:
Phone/Email:

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Waiver: *I am the parent/guardian of the participant(s) listed above. In consideration for receiving permission for my child to participate in this activity/program, I, on behalf of my child, hereby release, waive, discharge and covenant not to sue and agree to hold harmless, Long Island University ('University'), the Down Syndrome Advocacy Foundation ('Foundation') and their trustees, officers, successors and assigns, agents, employees and volunteers, from any and all liabilities, claims, demands or injury, including death, and property damage which may be sustained by my child while he or she is participating in such activity/program.*

Assumption of Risk:

- 1.** *I state that I am aware that my child's participation in this activity/program comes with inherent dangers and poses certain risks, both known and unknown, including but not limited to damage to property, bodily injury and/or death. The specific risks vary from one activity to another and the risks can range from minor injuries, to major and catastrophic injuries. My child's participation in this activity/program is voluntary. I assume all risks on behalf of my child associated with his or her participation in the activity/program including, without limitation, the risk of any negligence or recklessness or failure to act by the employees or volunteers of the University, the Foundation or others.*
- 2.** *My child is in good health, and has no physical conditions that would affect his or her ability to participate in this activity/Program or that would be detrimental to his or her health, and I have not been advised otherwise by a medical practitioner.*
- 3.** *The University reserves the right to suspend or terminate my child's participation if it is deemed that his or her actions, words or conduct are detrimental to, or incompatible with, the interests, purpose or welfare of the activity itself, other participants, the University or the Foundation.*
- 4.** *I maintain health and accident insurance coverage for the participants named above. I further agree to accept full responsibility for any and all expenses, including any medical expenses that may be associated with any injuries my child may suffer as a result of his or her participation in this program/activity.*

Acknowledgement of Understanding: I, on behalf of my child, have read and understand the terms of this document and agree to accept the risks. I understand that by signing this document, I am giving up my legal right to sue to recover damages for claims I might otherwise have raised on his or her behalf, as a result of his or her participation in the program/activity.

Name of Parent/Guardian of Participant
Date

Signature