



Participant Registration Form

2012 LTTW Bike Camp

June 11-15, 2012

Lakeview Arena - Marquette, Michigan

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

With a disability

Min. inseam of 20", measured from floor

Able to walk without assistive device

Max. weight 220 lbs.

Able to wear a properly fitted bike helmet

*****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: _____

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)

T shirt size: (circle one) Youth – Small(6-8) Medium(10-12) Large(14-16)
or Adult - Small Medium Large XLarge 2XL

Additional shirts (\$10.00, please indicate size and qty) _____

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 12:30pm-1:45pm

_____ Session 2 2:05pm-3:20pm

_____ Session 3 3:40pm-4:55pm

Payment Information

Camp registration fee is \$100 and is due by May 18, 2012. Each paid attendee will receive a camp T-shirt and bike helmet as part of the camp fee. Additional T-shirts can be purchased for parents and/or siblings for \$10 each. Please make a check payable to MARESA for the \$100 fee plus \$10 each for any additional t-shirts you desire to purchase and mail it with this application. Be sure to indicate the number of shirts and sizes on the first page of this application.

The camp fee is refundable if we are notified of your cancellation by May 18, 2012. Sometimes participants learn to ride in less than the 5 days camp is in session and do not need to attend all 5 days. No refunds (either full or partial) will be given in this circumstance.

Scholarships are available to cover part of the registration fee. The amount of the scholarship is variable with a minimum financial commitment of \$25 per biker. For more information on scholarships please call Karin Hansard, SEPAC Chairperson, at (906) 361-2932.

I am interested in a scholarship: YES _____ NO _____

Amount of enclosed check: _____

Make check payable to: MARESA

Registration due date: May 18, 2012

Mail registration form and fee to:

MARESA – SEPAC Bike Camp

321 E. Ohio St.

Marquette, MI 49855



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 (print name below)

To be photographed and/or videotaped by a MARESA - SEPAC representative or the 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 and enrolling my child, 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 staff and volunteers of MARESA – SEPAC, 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: _____