



## 2018 Adapted Bike Camp Participant Packet

Each year Society for disABILITIES hosts an adapted bike camp for children. The purpose of the camp is to provide an "immersion" experience in bicycling for children with diverse abilities, using specially designed equipment and teaching methods. The equipment and methods allow children who have had difficulty learning to ride a two-wheeler to learn to do just that, usually within the one-week camp session. The equipment consists of a progression of increasingly challenging bikes that provide extra stability, along with the same dynamic qualities of a standard two-wheeler. The children thus have additional time to master the skills needed to balance and steer a two-wheeled bike. They are less fearful, more confident, and more willing to practice – self-esteem soars! Staff consists of Adapted PE teachers from nearby school districts, university students, junior college students, and high school assistants, who work one-on-one with each child. All of the bike camp volunteers have been carefully screened including background checks. Bike Camp begins on **Monday, July 9<sup>th</sup> and ends on Friday, July 13<sup>th</sup>.** There are three (3) camp sessions that are one (1) hour long and during this time, children are encouraged to spend as much time as possible riding their bicycle. Sessions begin at 8:00AM and end at 11:30AM. On the last day of bike camp, friends and family members are invited to some to the awards ceremony.

A few basic prerequisites are necessary for success: the child must be **8 years old** or over; ambulatory; must have good cardiovascular fitness and the ability to pedal a bicycle for 45 minutes a day for 5 consecutive days; able to keep their feet on the pedals and maintain pedaling; able to keep their hands on the handlebars and turn; able to see sufficiently to avoid obstacles and maintain a path of travel; willing to follow instructions; and motivated to learn to ride. Our experience has shown that behavioral considerations are extremely important. A child may be physically able to ride, but if she/he cannot be persuaded to get on the bike and follow our instructions, they may not succeed.

### **Location:**

TBD

### **Cost:**

The fee is \$75 per camper for the week. A refresher course is available to return campers for \$25. Limited full and partial scholarships may be available, by calling (209) 524-3536

### **What to bring:**

A properly fitted bicycle helmet – this is mandatory, tennis shoes for bicycling, comfortable clothing suitable for being physically active.

Please return all completed forms and a check for \$75.00 made payable to Society for disABILITIES as soon as possible. Bike Camp is limited to 28 participants. Once your registration has been received, you will be contacted via email acknowledging receipt of your registration. Approximately the last week of June, you will be notified of your child's camp session time. If you are unable to pay the fee please contact the office at (209) 524-3536 for a financial assistance application. Limited full and partial scholarships may be available. We will require a statement of commitment if you receive a full or partial scholarship and **full participation and attendance is mandatory.**

**Please keep this page for your future reference**

**Contact Information** Please mail completed forms with check to ATTN: Channa, Society for disABILITIES, 1129 8th Street, Modesto, CA, 95354. If you have any questions regarding the Adapted Bike Camp, please contact Channa at (209) 524-3536 or email [channa@societyfordisabilities.org](mailto:channa@societyfordisabilities.org).



## 2018 Adapted Bike Camp Participant Registration Form

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Disability: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Measure from the floor to the participant's groin with tennis shoes on \_\_\_\_\_ inches \_\_\_\_\_ weight

Parent/Guardian/Emergency Contact Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email **REQUIRED**: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Which bike session do you think will work best for your child? We will do our best to accommodate individual needs, but due to limited space and equipment we can't guarantee camp times.

Please rank 1-4 in order of preference for each time slot. Number 1 being the most preferred, 4 being the least preferred time slot.

8:15-9:15AM \_\_\_\_\_ 9:30-10:30AM \_\_\_\_\_ 10:45-11:45AM \_\_\_\_\_ No Preference \_\_\_\_\_

We will contact your child's teacher regarding effective strategies in working with your child for Adapted Bike Camp. If your child is in Adapted PE, please give us the Adapted PE teacher's contact information.

Name of Participant's School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Adapted PE Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Limited amount of scholarships available.**

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## **Adapted Bike Camp Participant Waiver & Release of Liability**

I request that I/my child be allowed to participate in the Adaptive Bicycle Camp, and agree to the following:

1. I acknowledge and fully understand that my child, as a minor participant, will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in the sport of bicycling including without limitation: risks of collision with objects and or, falling from the bicycle. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Myself and my family release, waive, discharge and promise not to sue Society for disABILITIES, its volunteer instructors and director, its staff, executive director, and board of directors, and other participants of Adaptive Bicycle Camp for any personal injury, property damage, or other damages that may arise from my participation in the Adaptive Bicycle Camp program, regardless of whether such injury or damage is caused by negligence or carelessness of the Adaptive Bicycle Camp program.
4. I agree that photographs/videos and/or my name, my child's name may be published in, or used by Society for disABILITIES and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, etc.) without any liability on the part of Society for disABILITIES.
5. I have talked to my physician, who has acknowledged that my child is physically capable to engage in the sport of adapted bicycling with the use of adaptive equipment. I have given an accurate description of my child's disability and medical needs on the adaptive bicycle participant application.
6. I agree that the staff and volunteers of the adapted bicycle program and Society for disABILITIES may authorize emergency medical treatment for myself, or for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

PARENT NAME: \_\_\_\_\_  
*(PLEASE PRINT CLEARLY)*

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_  
*(PLEASE PRINT CLEARLY)*

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT SIGNATURE IS REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE AND IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT.**

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## 2018 Adapted Bike Camp

### Participant Photo/Video and Information Release

By signing below, I give permission for photos/videos of me/my child, \_\_\_\_\_  
**(please print name clearly)** to be taken at the Annual Adapted Bicycle Camp during the week of July 16th–July 20th. I understand that these photos/videos may be used to publicize the program locally, to make professional presentations, to conduct research on the teaching techniques and equipment used at the camp, and to publicize the equipment and teaching methods used. I understand that these photos/videos will be used in a respectful, professional manner for educational purposes, research, and program promotion. Persons who will authorize use of the photos are the camp directors (Matt Tilford/Channa Kang), and Society for disABILITIES.

I agree to give permission that the staff of the Adapted Bicycle Program and Society for disABILITIES may request information from my child's teachers regarding successful teaching strategies for my child in relation to the Adapted Bike Camp. I hereby authorize any information that may be helpful to the staff of Society for disABILITIES and to the Director of Adapted Bike Camp, Matt Tilford/Channa Kang/Daniel McBride, to be released to Society for disABILITIES.

Parent/Guardian Name: \_\_\_\_\_  
*(PLEASE PRINT CLEARLY)*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
*(PLEASE PRINT CLEARLY)*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT SIGNATURE IS REQUIRED AS PARTICIPANT IS UNDER 18 YEARS OF AGE AND IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT.**