



## 2019 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 15<sup>th</sup> and ends on Friday, July 19<sup>th</sup>**. There are three (3) camp sessions that are one hour and fifteen minutes 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 12:15PM. On the last day of bike camp, friends and family members are invited to celebrate at 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:**

Downey High School Small Gym  
1000 Coffee Rd  
Modesto, CA 95355

### **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 payment to Society for disABILITIES as soon as possible. Bike Camp is limited to 24 participants on a first come, first serve basis.

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

Please return all completed forms and payment to Society for disABILITIES at 1129 8<sup>th</sup> St, Modesto, CA 95354  
Phone: (209) 524-3536 Fax: (209) 524-1205 channa@societyfordisabilities.org



## 2019 Adapted Bike Camp Participant Registration Form

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F

Disability: \_\_\_\_\_

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

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

Email **(REQUIRED)**: \_\_\_\_\_

**\*\*Most correspondence done through email**

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

### Available Bike Camp Sessions

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.

8:00-9:15AM \_\_\_\_\_ 9:30-10:45AM \_\_\_\_\_ 11:00AM-12:15PM \_\_\_\_\_ No Preference \_\_\_\_\_



## Emergency Contact Information

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Please note: Parent/Guardian must be present and available during Bike Camp in case of emergency**

Are there any other instructions or information you think is important for us to know?

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## Participant Photo Release Waiver and Release of Liability

I request that I/my child be allowed to participate in the Adapted Bike 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 Adapted Bike Camp for any personal injury, property damage, or other damages that may arise from my participation in the Adapted Bike Camp program, regardless of whether such injury or damage is caused by negligence or carelessness of the Adapted Bike 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 adapted bike participant application.
6. I agree that the staff and volunteers of the adapted bike 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.**

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