

**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:**

<b>Generally speaking, the Rider....</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>
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:

UP21 Foundation & YMCA of Greater New Orleans presents iCan Bike Camp  
Required Form for Registration

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**

<b>Rider Name:</b>	
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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 the UP21 Foundation, YMCA of Greater New Orleans, Recreation District #1, 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.

<b>Parent/Guardian Signature:</b>	
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I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine, UP21 Foundation, YMCA of GNO or third parties acting on behalf of Shine, UP21 Foundation or YMCA of GNO. 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.

<b>Parent/Guardian Signature:</b>	
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### **Submission Instructions:**

**Please e-mail completed form to [info@up21foundation.org](mailto:info@up21foundation.org) or  
mail to UP21 Foundation, PO Box 8621, Mandeville, LA 70470.**