



The Down Syndrome Parent Group of Western New York is proud to announce they will be hosting a Lose The Training Wheels bicycle camp again this year. The camp will be held at the East Aurora High School gym from Monday, June 28 to Friday, July 2. Children with special needs ages 8 and older are eligible to participate in the camp. We are also looking for volunteers. For more information about the camp, visit www.losethetrainingwheels.org <<http://www.losethetrainingwheels.org/>> . A camper and volunteer registration form are attached. Please contact dspgwny@hotmail.com <[http://us.mc576.mail.yahoo.com/mc/compose?to=dspgwny@hotmail.com](mailto:dspgwny@hotmail.com)> with any questions.



Participant Registration Form

June 28th to July 2nd 2010

East Aurora High School

Thank you for your interest in the Lose The Training Wheels™ program, presented by the Down Syndrome Parent Group of Western New York, Inc. We are pleased to offer this program and look forward to working with you in this endeavor to learn to ride a two wheel bicycle independently. ***If you have any questions, please contact Anita Ballow at 716-741-3848.*** **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 < Minimum inseam of 20"
- < Able to walk without assistive device < Maximum weight 220 lbs.
- < Able to wear a properly fitted bike helmet

Will you be able to attend all 5 days of camp? Yes No

If not, we will place your name on a waitlist and preference will be given to another participant.

The classes are filled on a first come, first served basis.

A mandatory meeting for parents/caregivers will be held on Sunday, June 27th from 3:00- 4:00 pm. at the East Aurora High School .

****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: (____) _____ Cell: (____) _____

Work: (____) _____

Preferred method of contact: Home ____ Work ____ Cell ____

Street: _____ City: _____

State: _____ Zip Code: _____

Physical Information

Height: _____ inches Weight: _____ lbs Inseam: _____ inches (measure from floor)

Head circumference (in inches): _____ Helmets will be provided at camp.

T shirt size (Adult): Small Medium Large XLarge

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	_____	_____	_____	_____	_____
Gets frustrated during recreation activities	_____	_____	_____	_____	_____
Can consistently make appropriate choice	_____	_____	_____	_____	_____
When upset can manage his/her emotions	_____	_____	_____	_____	_____
Consistently follows directions	_____	_____	_____	_____	_____
Cooperates with others	_____	_____	_____	_____	_____

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 9:00am-10:15am

Session 4 2:25pm-3:40pm

Session 2 10:35am-11:50am

Session 5 4:00 pm-5:15pm

Session 3 12:50pm-2:05pm

Payment Information

Payment of the (*non- refundable after July 1, 2010*) camp fee of \$150 per participant is required to process the registration.

Please make checks payable to: The Down Syndrome Parent Group of WNY, Inc.

Complete form and mail check to: Anita Ballow

9005 Roll Road

Clarence Center, NY. 14032

Participant Release Form

June 28th to July 2nd 2010

East Aurora High School

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 Down Syndrome Parent Group of Western New York,

Inc., representative or 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, 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 principals, staff and volunteers of the Down Syndrome Parent Group of Western New York, Inc., Lose the Training Wheels, Inc., and Rainbow Trainers, Inc. should injury or mishap occur. I understand that data collected from this program may be used by Lose The Training Wheels, Inc. for statistical analysis, research and reporting, and to make program improvements. Actual names will not be used in any reporting related to this data. 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: _____

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