



# Participant Registration Form

Down Syndrome Advocacy Foundation

Center for Community Inclusion

March 29 – April 02, 2010 – C.W. Post Campus of LIU

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 and to share the excitement with a special friend

## Activities:

Each individual with a disability is asked to bring a friend along. If your family member's friend is not available, we know several "buddies" who will fill in. Your family member and his/her buddy will attend the bike riding program and a craft/journaling activity supervised by C.W. Post Education majors.

## 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

Participants must bring their own 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.

**\*\*\* All fields are required. Registration will not be accepted if this form is incomplete. \*\*\***

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## 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: \_\_\_\_\_

The name of the friend that will be accompanying your child: \_\_\_\_\_

Would you like one of our "buddies" to accompany your child? \_\_\_\_\_

T-Shirt size of participant and "buddy" (if accompanying participant) \_\_\_\_\_

(Adult sizes only as children's sizes run very small)

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## Physical Information

Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs Inseam: \_\_\_\_\_ inches (measure from floor)

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## Disability Information

Primary diagnosis: \_\_\_\_\_ Secondary diagnosis: \_\_\_\_\_

Please provide detailed information regarding the diagnosis that will help us work with the participant effectively \_\_\_\_\_

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## Medical Information

Food allergies: yes no If yes, please explain: \_\_\_\_\_

Please explain any other medical conditions: \_\_\_\_\_

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## 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. \_\_\_\_\_

\_\_\_\_\_

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## 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? \_\_\_\_\_

\_\_\_\_\_

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## Choose A Session

Please number each session in order of preference. We will do our best to accommodate your #1 choice, however, there is no guarantee.

\_\_\_\_\_ Session 1 8:15am – 11:00am

\_\_\_\_\_ Session 2 12:00pm – 2:45pm

\_\_\_\_\_ Session 3 1:15pm – 4:00pm

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## Payment Information

\*\*Payment of the camp fee is required to process the registration.

Please charge my credit card \$175.00 Credit Card Type: Visa MasterCard  
Other \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make check payable to *DSAF* and mail to: *P.O. Box 12173, Hauppauge, NY 11788 by March 15, 2010.*

**Fax completed registration form to: 631-343-7208**