



A CAMP FOR CHILDREN WITH A RANGE OF DISABILITIES

Sponsored by the Autism Foundation of the Carolinas

Camp Specific Information

WHEN: June 20 - 24, 2011

WHERE: Metrolina Tradeshow Expo
7100 Statesville Ave
Charlotte, NC 28269

SCHEDULE: *Each child will attend one assigned session per day.*

Session A	8:30	–	9:45
Session B	10:00	–	11:15
Session C	11:30	–	12:45
Session D	1:45	–	3:00
Session E	3:15	–	4:30

COST: \$200 per attendee - This fee covers only 40% of the cost to run the camp. The remaining 60% comes from corporate and individual donations.

GOAL: Our success rate of having children ride a conventional 2 wheel bike by the end of the week is 85%. Some children will not master this skill by the end of camp. However, every child that comes to camp progresses in their bike riding skills from using our training bikes, grows in self esteem and has fun being at camp with our volunteers and staff!!

DRESS: Wear comfortable clothes for bike riding in a gym. No dresses or baggy pants. Riders must wear sturdy closed toe shoes – NO CROCS, PLEASE

BRING: 1 - A bike helmet. No child will be allowed to participate without a properly fitting helmet
2 - A water bottle clearly labeled with the child's name.
3 - DO NOT BRING A BIKE ON DAY ONE. All bike equipment is provided. The last day of camp you should bring your rider's bike to camp.

WHO IS ELIGIBLE:

- Children with Downs Syndrome ages 11 and older
- Children with other neurological disorders, (learning disabled, ADD?ADHD, autism, cognitively impaired, developmentally delayed, etc) ages 8 and older
- Ambulatory without an assistive device and have the use of all limbs
- Able to sidestep quickly to both sides
- Able to wear a properly fitted bike helmet
- Minimum height of 40 inches or inseam of 22 inches
- Maximum weight of 250 pounds

I have read and understand the above. In addition, the applicant meets ALL of the eligibility requirements listed.

Signature: _____ Date: _____

Contact Information

Lori Schleicher, Camp Director

Phone: 704-906-7662

email: info@autismcarolinas.org

www.LTTWCharlotte.org

You will receive email confirmation of your child's acceptance in the camp with specific directions and your assigned session time. Parents/caregivers should remain on site the first day of camp. Campers can be dropped off the rest of the week. On Friday, all friends and family are invited to stay for the duration of your child's session to see what they have learned!!



Office Use Only

Date Rec'd: _____

Check Number: _____

Amount: _____

APPLICATION FORM

Eligible children will be accepted on a first-come basis. We want the children to be successful, so many of the questions included here help us determine if the child is able to learn to ride a bicycle within this time frame. PLEASE FILL OUT THE INFORMATION COMPLETELY!!

Participant's name		Diagnosis	
Parent/Guardian name			
Address		City	
State	Zip	Email	
Phone (Home)		Phone (Cell)	
Date of Birth	Inseam (in inches)	Height ** (in inches)	Weight** (lbs)
Persons authorized to pick child up (other than parent/guardian):			

T-Shirt Size (Check One):

- | | | |
|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> YOUTH SMALL | <input type="checkbox"/> ADULT SMALL | <input type="checkbox"/> ADULT XL |
| <input type="checkbox"/> YOUTH MEDIUM | <input type="checkbox"/> ADULT MEDIUM | <input type="checkbox"/> ADULT XXL |
| <input type="checkbox"/> YOUTH LARGE | <input type="checkbox"/> ADULT LARGE | |

Doctor's Name	Phone Number
2009-2010 School	

** Applications can NOT be accepted without the weight and height information!!

Indicate any co-existing conditions outside of the diagnosis noted above (CP, visual disorder, hearing, orthopedic challenges, cognitive delay, low muscle tone, speech disorder, ADD, ADHD, need for therapist fluent in sign, etc.)

Does your child use braces, hearing aids, splints, weighted vest, etc. that we need to be aware of?

Please describe your child's previous experiences with bicycling, or attempts to bike (e.g., training wheels, refusal to try, previous biking accidents or mishaps, riding as stoker on tandem, use of adapted special bikes (three and four wheelers, for example), and for what durations?

Please tell us what will help motivate your child as she rides for over 30 minutes with our volunteers at their sides – what are his/her likes, what they like to talk about, do, places they like to go, etc. (This helps our volunteers when they meet the child to be able to make them feel more comfortable and keep them going.) If you will be bringing reinforcers, please indicate that as well.

Does your child currently have a behavioral plan? If yes, please provide this document with your application. If no, are there any behaviors we should be aware of and how do you handle such behaviors (magic 1,2,3; token system, etc)? CAP workers, therapists, caregivers are allowed on a case by case basis if needed.

How well does your child understand what is said to him/her (receptive language skills)? Can he/she follow simple commands (yes, no, stop, go)? If not, will you be providing a caregiver or CAP worker to assist your child?

Please indicate if your child has any conditions that might interfere with becoming a successful bike rider require special attention from us. Our purpose is not to be discriminatory, but rather to be as realistic as possible and provide your child with the most appropriate instruction we can. In our experience, we have found the following conditions to be factors that, *at times*, interfere with or slow success in bike riding. As applicable, please check and make remarks on the reverse side.

- Heart problems; please list
- Breathing problems; please list
- Very low muscle tone and strength
- Motor control issues (such as CP); difficulty in keeping feet on pedals
- Problems with attention or focus (such as autistic tendencies, ADD or ADHD)
- Defiance disorder, oppositional behavior
- Difficulty functioning in a social setting
- Tactile defensiveness (unwilling to be touched, refusal to put on a helmet, resistance to coming into contact with a bike or its parts, like handlebars grips)
- Visual impairment
- Orthopedic challenges (artificial limbs, deformities of the hands or legs, movement or joint restrictions)
- Low cognitive ability (e.g., inability to perform simple tasks like dressing, requiring toilet assistance, requiring handling food assistance)
- Abnormal fears (especially of bikes, speed, images of crashing on a bike)
- Obsessive reliance on a favorite toy, doll, book, or other security image
- Resistance to being with strangers
- Fear of riding a bike
- Child is non-verbal and will require a caregiver or CAP worker to assist him/her
- Other:

It is important to consider behavioral issues as you evaluate this program for your camper. We have found this program to be most beneficial to those children who are:

- Able to maintain contact with pedals and handlebar
- Able to keep their head up and look forward
- Have adequate strength and stamina to ride 40 to 75 minutes for the 5 days of camp
- Able to follow basic instructions in a group setting
- Motivated, or able to be motivated, to learn to ride a bike
- Immediately following camp has an opportunity to practice riding

An individual may be physically able to ride a bike, but if their behavior is such that they cannot be persuaded to get on the bike and follow instructions, then it is likely this program will not be beneficial. Individuals with severe behavioral issues may be removed from the program if their actions are potentially harmful or disrespectful to themselves or others.



Liability Release Form

By signing and enrolling your child, you hereby expressly acknowledge (1) that you as parent/guardian have read and understood the Parent Information packet provided on our website at www.LTTWCharlotte.org and (2) that bicycling, like many sports such as swimming, golf, soccer, wall climbing, sailing, 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 you accept such risks as reasonable and proper. You understand that Lose the Training Wheels, Inc. and Autism Foundation of the Carolinas assume no responsibility for injuries which your child may sustain by participating in this program. Further, you agree to hold harmless the camp therapists, all volunteers, all staff, Autism Foundation of the Carolinas, Metrolina Tradeshow Expo, Rainbow Trainers Inc, and Lose the Training Wheels, Inc.

Signature of parent/guardian

Date

For office use only

Session:



Emergency Information

Participant's name:	
Parent(s)' name(s):	
Phone:	Alt. Phone:
Insurance Provider:	
Insurance Policy #:	
Name of Insured:	
In case of emergency, whom should we notify <u>if you are not here</u>?	
Name:	
Phone:	Alt. Phone:
Please list medications, health cautions, & any special instructions:	



Medical Release Form

In the unlikely event that _____ (participant) requires medical assistance during his/her participation in the Lose the Training Wheels Camp, I give my permission to provide the participant proper care. In case our personal physician cannot be reached, you may take the participant to the following hospital (please indicate "any" or state your preference) _____. I expressly acknowledge that my child has been medically cleared to participate in vigorous activities such as bike riding. I have read the program description and acknowledge that all of my questions regarding the program have been satisfactorily answered. I understand the nature of the program, including both the risks and benefits. I also understand that the participant may be withdrawn from the program at any time.

Signature of Parent or Legal Guardian

Date



PHOTO/VIDEO RELEASE FORM

_____ I hereby give permission for images of my child, captured during the Lose the Training Wheels Charlotte camp, through video, photo and digital camera, to be used for the purposes of Lose the Training Wheels promotional material and publications, and waive any rights of compensation or ownership thereto.

_____ I do NOT give permission for images of my child, captured during the Lose the Training Wheels Charlotte camp, through video, photo and digital camera, to be used for the purposes of Lose the Training Wheels promotional material and publications.

Name of Participant (please print):

Name of Parent/Guardian (please print):

Parent/Guardian's Signature:

Date: _____



Authorization to Pick Up Participant

I, (print name) _____ authorize the following person(s) to pick up the participant named below from camp. I understand and agree that participant will not be released to anyone who is not listed on this form.

Name of Participant): _____

Person(s) Authorized to Pick Up Participant

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Parent / Legal Guardian: _____

Date: _____