The Children’s Institute of Pittsburgh partners with iCanShine (formerly Lose the Training Wheels) to offer this unique camp that teaches children with special needs how to ride a two-wheeled bike without training wheels. This year, Rhys Rocher, a community volunteer and student at Pine-Richland High School, is coordinating the event.

Registration for Amazing Bike Camp will occur based on balancing each camp session with children of varying ages and special needs. There is a large array of specialized bikes that will be available during camp sessions, and a balance of children will need to be scheduled for each session to match the various bikes. The camp organizers are committed to try to meet the needs of all children interested in the camp up to a maximum of 40 children.

Amazing Bike Camp is for children ages 8 years and older. The minimum height requirement is 40 inches or a minimum inseam measurement of 22”. Maximum weight is 220lbs.

In order to participate in this camp, your child must want to ride a two-wheel bike and want to participate in this camp. Each child must be able to walk without an assistive device, must have adequate leg strength and coordination to pedal a bike and must have adequate balance to be able to sit upright independently. Each child applying to the camp must provide a letter from either his/her physician or a therapist (PT or OT) which affirms that your child has the physical capabilities to participate in camp.

Indicators of success to consider – child is able to:
- Maintain contact with bike pedals
- Maintain contact with handlebar
- Keep head up and look forward
- Maintain adequate strength and stamina to ride for 75 minutes for 5 days
- Follow basic instructions in a group setting
- Have the opportunity, immediately following the camp week, to practice bike riding

To apply for this camp, please return the completed registration form, the waiver and release of liability forms, the photo/video release form, the medical/therapy clearance letter and a check for $150 made payable to: The Children’s Institute of Pittsburgh.

Children will be enrolled based on achieving the right mix of age/special needs for each session on a slots available basis. We need all your forms completed to process the registration for camp. The deadline to receive applications is July 1, 2016.

Once your registration has been received, you will be contacted via email or mail acknowledging receipt of your registration. You will be notified of your child’s acceptance and if accepted, camp session time. The reason for the delay in notification of the time is due to the limited number and variety of bikes and trying to match the child to the appropriate bike.

Some general information to get ready for camp follows:

Camp format: The bike camp will be held on July 25-29, 2016 at Pine-Richland High School located at 700 Warrendale Road, Gibsonia, PA 15044.

There are five camp session times to choose from, with each session lasting 1 hour and 15 minutes. Please see session start and end times on the following page. It is important that you return all of the completed forms (see address below) as soon as possible.

For questions or further information, please call 412-420-2395, leave a message, and your call will be returned. Please keep this page for your future reference.
The Children's Institute of Pittsburgh, 1405 Shady Avenue, Pittsburgh PA 15217

Amazing Bike Camp
APPLICATION FORM

Child’s Name: ______________________ Nickname (optional): ______________

Parent/Guardian Name: _____________________________________

Address: ____________________________________________ City: _______________ State: ___ Zip: _________

Home Phone: ______________________________________ Email: ________________________________

Cell Phone: _______________________

Emergency Contact: _________________________ Emergency Number: __________________________

Date of Birth: ___________________ Height (in inches):____________ Weight: ________________

*Head Circumference (in cm) ___________ *Leg inseam Length (in inches) (example on page 4) ___________

*Note: These two items are required in order to be sure each child has a correct size bike helmet and for placement in the the right camp session with a proper size bike.

___ Letter attached from Physician/Therapist affirming that child has the physical capability to participate in camp.

Physical capacity includes:
• the ability to walk without an assistive device.
• adequate leg strength and coordination to pedal a bike.
• adequate balance to be able to sit upright independently.

T-Shirt Size: ___________ Circle: Child or Adult

*Note: please indicate child or adult size.

July 25-29, 2016
Select preferred camp session - indicate 1 for First Session Preference and 2 for Second Session Preference.

8:00AM – 9:15AM ______________
9:35AM – 10:50AM ______________
11:10AM – 12:25AM ______________
1:30PM – 2:45PM ______________
3:05PM – 4:20 PM ______________
No preference ______________

What to wear and/ (or) bring:
• tennis shoes for bicycling
• comfortable clothing suitable for being physically active

*Note: each child will be fitted with a bike helmet at the start of camp.

Payment Information: $150.00
Send checks payable to: The Children’s Institute of Pittsburgh
Attention: Carly Hicks
1405 Shady Avenue
Pittsburgh, PA 15217
BACKGROUND INFORMATION

Indicate any preexisting conditions such as CP, Autism, Down Syndrome, visual disorder, hearing, orthopedic challenges, cognitive delay, low muscle tone, speech disorder, ADD, ADHD, need for therapist fluent in sign, seizures, etc. that staff should be aware of during camp.

Is your child on any medications that we need to be aware of?

*Note: if child takes medications daily, please administer these before or after camp. If a medication is required during the child’s camp session, a parent must administer this.

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 describe your goals for enrolling your child’s participation in Amazing Bike Camp, e.g., family bicycling, peer inclusion, increased self-esteem, basic transportation and independence, increased stamina, a chance to exercise and be more active, satisfaction in being able to ride a bike, preparation for eventually driving a car, or all of the above.

What strategies/techniques are used at home or school to promote positive behaviors? (Please include any strategies from your child’s IEP if applicable.)
siblings and age(s) and if siblings ride bikes?

is there any additional information that would help us work safely and successfully with your child during this camp?

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**Image Leg Inseam Measurement**

Measurement should reach the floor.
TERMS OF AGREEMENT FOR PARTICIPATION IN CAMP

Please initial each of the statements below, sign this form and return it with the application.

_____ I understand that iCanShine and The Children's Institute will work diligently to teach my child to ride a two wheel bicycle. I understand that the iCanShine and The Children's Institute cannot guarantee that my child will be able to learn to independently ride a two wheel bicycle by the end of the camp.

_____ I understand that I will not be permitted on the camp floor when my child is participating in instruction.

_____ I understand that I must remain at the camp facility while my child is attending his/her camp session in order to accompany my son/daughter to the restroom and to assist with any other needs that may occur.

_____ During the week of camp, I understand that my child cannot ride a bike outside of camp.

_____ I understand that on the last day of camp, a parent or designee that is physically capable of running with their child while they are riding a bike is required to attend camp to participate and learn how to successfully carryover this program.

_____ I authorize the Pittsburgh iCanShine Amazing Bike Camp, The Children’s Institute of Pittsburgh and personnel from the iCanShine corporation to take photos/video of my child during camp. I understand that the photos/videos may be used for communication and marketing activities for future camps by both the local camp planners and the iCanShine corporation.

_____ I understand that part of the success of the camp is dependent on continuing to practice bike riding daily with my child for at least two (2) weeks immediately following camp.

Signature of Parent/ Guardian: ____________________________________________

Date: ____________
RELEASE OF LIABILITY FORM

Amazing Bike Camp
July 25-29, 2016
Pine-Richland High School
700 Warrendale Rd., Gibsonia, PA 15044

Please PRINT.

Participant’s Name: _______________________________ Date of Birth: ______________

Parent/Guardian Name: __________________________________________________________

Last     First

Street Address: _________________________________________________________________

City: __________________________ State: __________________ Zip: _______________

Phone Contact Numbers: _________________________________________________________

Person(s) authorized to pick child up from camp (other than Parent/ Guardian):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

By signing and enrolling your child, you hereby expressly acknowledge that bicycling, like many sports such as swimming, golf, soccer and gymnastics, involves movement and physical activity and that injury and mishap, including death, are possibilities in spite of all reasonable safeguards and precautions taken. As the parent/guardian, I understand and accept such risks, and agree to hold harmless The Children’s Institute of Pittsburgh, iCanShine, Inc., Pine-Richland High School and their respective directors, officers, trustees, staff, volunteers or other representatives from any injury suffered or liabilities incurred as a result of my child’s participation in the Amazing Bike Camp.

I understand that data collected from this program by iCanShine, Inc. will be used to run the camp effectively relative to appropriate progressions, bike sizing and behavior management. I acknowledge that iCanShine, Inc., may contact me in the future for follow-up information pertaining to participant progress and status.

Signature of Parent/ Guardian       Date
Client Name: ___________________________ Date: __________________

CONSENT AND AUTHORIZATIONS
I hereby consent and authorize The Children’s Institute of Pittsburgh (CI) to take and use: (check all that apply)
- [ ] Photographs
- [ ] Video
- [ ] Interviews
- [ ] Audio recordings
- [ ] All of the above

For the purposes of use/disclosure in: (check all that apply)
- [ ] Publications in newspaper(s), magazine(s) or other publications
- [ ] Promotional materials, marketing, and fundraising activities
- [ ] Social media and on The Children’s Institute’s website
- [ ] Broadcast by radio or television
- [ ] All of the above

ACKNOWLEDGEMENTS
1. I waive all rights that I, on behalf of myself or my child, may have to any claims for payment, royalties or other remuneration in connection with any use, publication or exhibition of the recordings or images.

2. I understand that the recordings or images will be the sole property of CI and will not become part of my medical record or student record and not be subject Health Insurance Portability and Accountability Act of 1996 (HIPAA) or the Family Educational Rights and Privacy Act (FERPA) and may be retained or disposed of by CI in its sole discretion.

3. I understand that this material and/or information may be shared with the general public. I agree that CI is not responsible for any misappropriation of the photographs/video, if applicable, by any member of the general public or news.

4. I understand that I may refuse to sign the Consent and Authorization and that my signature is strictly voluntary and will not impact the services that I or my child receives at CI.

5. I understand that I may change my mind and revoke (take back) this Authorization in writing at any time and for any reason by writing to:
   The Children’s Institute of Pittsburgh
   Department of Institutional Advancement
   1405 Shady Ave
   Pittsburgh, PA 15217
6. I understand any images disclosed or used prior to my revocation will not be affected, cannot be taken back and are not subject to revocation. The option to stop production or use does not apply to the news media, as they are not under CI’s control.

7. A copy of this consent and authorization form will be given to me.

8. I understand that if I have any questions or concerns I may discuss them with the Institutional Advancement representative presenting me with this form or I may call the Compliance Office at 412-420-2193.

The consent to take photographs will expire following: (check and complete one box)*

☐ Date: ________________  ☐ Event: ________________  ☐ one year from date signed

*The authorization to use the images/videos/interviews will only expire if authorization is revoked as indicated in the acknowledgements (items 5 and 6)

MY SIGNATURE BELOW MEANS THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT, THE BLANKS WERE COMPLETED BEFORE I SIGNED, AND ANY QUESTIONS I HAD WERE ANSWERED TO MY SATISFACTION.

_________________________________________  ______________________________
Signature (Client/Parent/Guardian)  Date

_________________________________________  ______________________________
Print Name  Relationship to Child

_________________________________________  ______________________________
Address  Phone Number

_________________________________________  ______________________________
Email Address  CI Staff Signature

Verbal Authorization – For Internal Use Only
I acknowledge that the person understood the nature of this release and freely gave his/her verbal authorization (2 witnesses are required).

_________________________________________  ______________________________
Signature of Witness  Date

_________________________________________  ______________________________
Signature of Witness  Date