

# Lose the Training Wheels Registration Form



Sponsored by the Chesapeake Speech School

Aug 1st-5th, 2011

at McDonogh School- Rollins-Luetkemeyer Athletic Center

8600 McDonogh Rd, Owings Mills, MD 21117

Thank you for your interest in the Lose the Training Wheels program hosted by the Chesapeake Speech School. We are pleased to offer this program and look forward to working with you and your child in this endeavor to learn how to ride a two wheel bicycle independently.

## Requirements for Participation:

**(Biker needs to be able to meet all of the following criteria to be eligible for camp.)**

- Biker is 8 years of age
- Biker has sufficient sight to avoid obstacles & maintain a path of travel
- Biker is ambulatory without an assistive device & able to sidestep on a bicycle
- Biker has sufficient muscle tone & motor control to pedal a bicycle
- Biker is able to leave parent and follow simple instructions
- Biker weighs less than 220 pounds and has an inseam of at least 20 inches
- Biker must have a properly fitted bike helmet & tolerate wearing it

## Personal Information

Name of Biker: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Preferred method of contact :  Home  Work  Cell  Email  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Health Information

• Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Inseam: \_\_\_\_\_ (*measuring from ground, not the pant leg*)  
T shirt size: ( Youth or  Adult)  medium  large  x large

## Disability Information

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

Overall degree of the primary diagnosis:  mild  moderate  severe

### Behavior Information

Please answer these questions about how your child typically interacts with others.

	Always	Sometimes	Seldom	Never	N/A
My child can communicate his/her needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child gets frustrated during recreation activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child can consistently make appropriate choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When upset my child can manage his/her emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child consistently follows directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child 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 your child during the camp.					

### Medical Information

Food allergies:  yes  no If yes, please explain:

Please explain any other medical conditions:

### Biking History

Has your child attended LTTW bike camp previously?  Yes  No

If yes, when and what was the outcome?

Has your child ridden with training wheels?  Yes  No

If yes, please provide a brief history.

### Session Preference

Rank choice of sessions (1-5) & with 1 your first choice & N/A if unavailable

Session 1 8:30am-9:45am

Session 2 10:05am-11:20am

Session 3 11:40am-12:55am

Session 4 2:00pm-3:15pm

Session 5 3:35pm-4:50pm

### Payment Information

Full payment of camp fee is required to process the registration form. Date both received determines amount of applicable fee.

I am a registering on or before 5/15/11; \$175.

I am a registering 5/16/11 – 5/31/11; \$200.

Check Number:

I am a registering on or after 6/1/11; \$225.

### Donations

This program is made possible through the generous donations of organizations & individuals. If you would like to support the Chesapeake Speech School in presenting this program, please consider making a donation. Both Lose the Training Wheels and Chesapeake Speech, Inc are 501 (c) (3) organizations.

\$50  \$100  \$200  \$ \_\_\_\_\_

**Make checks payable to-- Chesapeake Speech School**

c/o Lose The Training Wheels Program

6135 Old Washington Rd, Elkridge MD 21075

**Pls note the payment address is not where the camp will be located.**