HOBOKEN BIKE CAMP
for Individuals with Disabilities
Independence. Inclusion. Acceptance. Two Wheels at a Time

What: 5 daily sessions starting at 8:30 AM
When: June 24 – June 28 (Required Orientation Sunday, June 23, Noon)
Where: Hoboken High School | 800 Clinton St, Hoboken NJ
Cost: $175 [Free for Hoboken residents; scholarship availability for financial need]

This exciting camp is hosted by the Hoboken Family Alliance and run in conjunction with iCanBike. It has an 80% success rate in teaching people to ride a two-wheel bicycle independently. We look forward to working with you and your family! Please contact Theresa Howard at hobokenbikecamp@gmail.com with any questions.

Requirements for Participation (Rider must meet all of below criteria):

- Minimum of 8 years of age
- With a disability
- Able to walk without assistive device
- Able to wear a properly fitted bike helmet
- Able to sidestep to both sides
- Minimum inseam of 20"
- Maximum weight 220 lbs.
- Able to attend camp all 5 days

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

Rider/Family Information

Rider First Name:	
Rider Last Name:	
Rider Gender (M or F):	
Rider Date of Birth:	
Rider Height(in inches):	
Rider Weight:	
Rider Inseam (inches from floor while wearing sneakers):	
Rider T-Shirt Size:	☐ Youth OR Adult☐ ☐ Small ☐ Medium ☐ Large ☐ XL ☐2XL
Parent/Guardian First Name:	
Parent/Guardian Last Name:	
Parent/Guardian E-Mail:	

Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone:	

Disability Information:

Primary Diagnosis:	
Secondary Diagnosis, if any:	

Please provide detailed information regarding the above diagnoses that will help us work with the rider effectively (box will expand if more room is needed):

Choose A Session

Please number each session in order of preference. Only mark the sessions you are able to attend.

_____ **Session 1** 8:30 am - 9:45 am
_____ **Session 2** 10:05 am -11:20 am
_____ **Session 3** 11:40 am -12:55 pm
_____ **Session 4** 2:00 pm - 3:15 pm
_____ **Session 5** 3:35 pm - 4:50 pm

Health Information:

Rider Food Allergies, if any:	

Please explain any health/medical conditions or health concerns and any special instructions (box will expand if more room is needed):

Payment Information

Payment is required to process the registration form. Please mail completed form with payment to:

☐ Payment by check: Please enclose check for $175 made payable to:
Hoboken Family Alliance
C/O Theresa Howard
1120 Garden St.
Hoboken NJ 07030

- OR -

You can pay **online** using your credit card or PayPal account. You can also find the payment button by going to 2019 Bike Camp in the Special Needs tab at www.hobokenfamily.com

IMPORTANT: Please provide a copy of your PayPal receipt with your application if you are paying online.

☐ I have paid my $175 registration fee online and attached my receipt.

☐ If inquiring about scholarship funds, please call Theresa Howard at 201.795.5404

Please e-mail hobokenbikecamp@gmail.com with any questions regarding the application

Rider Information:

This information helps camp staff & volunteer spotters assigned to work directly with the Rider understand and better serve the individual needs of the Rider.

Rider Name:	
Nickname, if any:	
Age at Time of Camp:	
Diagnosis (optional):	

Please place an 'X' in the box that most appropriately describes the Rider:

Generally speaking, the Rider….	**Yes**	**Sometimes**	**No**
can communicate his/her needs			
when upset, can manage his/her emotions			
follows simple directions			
cooperates with others			
Is comfortable with physical queues/prompts			
responds positively to playful banter			
benefits from use of pictures to convey meaning			
gets frustrated easily			
has trouble staying focused			
gets upset by visual or audio stimuli (eg. bright lights, loud noise)			
gets upset by background noise such as music or talking			
Comments/Additional Information (box will expand if more room is needed):			

Please answer each of the following questions (boxes will expand if more room needed):

1. What strategies do you use to promote positive behavior and/or discourage negative behavior that will enable us to work safely and successfully with the rider?

2. What are favorite activities, movies, music, hobbies or other interests of the rider?

3. Has rider previously attended an iCan Bike program (formerly Lose The Training Wheels)?

☐Yes ☐No

If yes list year(s):

Describe outcome:

4. Has he/she ridden with training wheels? (Yes/No)

If yes, please provide a brief history.

5. Has rider experienced a bicycling accident? (Yes/No)

If yes, please explain.

6. Through participating in this iCan Bike program, what are your expectations for your rider?

Rider Liability Release

Rider Name:	

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. Further, I hereby expressly acknowledge that photographs and/or videos of the above rider may be taken by parties outside the control of Shine in connection with participating in bike camp. I acknowledge that Shine has limited or no control over such activities of third parties and has no control over any editing and/or use of such photos and/or video footage. As the parent/guardian of the above rider, I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of Hoboken Family Alliance iCan Shine, Inc., and Rainbow Trainers, Inc. should injury or mishap occur in this regard.

I understand that data collected from this program will be used to help the camp operate effectively relative to appropriate progressions, bike sizing and behavior management. I acknowledge that I may be contacted in the future for follow up information pertaining to rider progress and status.

Parent/Guardian Signature:	

I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine or third parties acting on behalf of Shine. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for the purpose, which may be produced, duplicated, distributed and used for informational, promotional or other public purposes. I understand that photographs and video are not my property and there will be no compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above rider.

Parent/Guardian Signature:	