



“Cycle Without Limits” Summer Camp 2017
 at Sonoma State University
BIKE CAMP REGISTRATION FORM

BIKE CAMP COST: \$300.00

Make checks payable to UCP of the North Bay, payable on or before the first day of camp.

(Space may be limited and will be available on a first-come, first-serve basis.)

Please return completed Registration Form to:
United Cerebral Palsy of the North Bay
Attention: Jen Whalen
3835 Cypress Dr. Suite 103
Petaluma, CA 94954

Questions email Jen Whalen: jwhalen@ucpnb.org

Name of Child: _____

Birthdate: _____ Age: _____

Accurate measurements provide essential information for bike size selection.

VERY IMPORTANT → Weight: _____ Height: _____ Inseam: _____

To Measure Inseam Accurately:

1. You will need a tape measure and a large clipboard or thin large book.
2. Remove child's shoes and back him/her up against a wall.
3. Place the book or clipboard between the child's legs with the edge square against the wall so that it acts as a T-square.
4. Raise the book ALL the way while maintaining the T-square effect. Raise it to the level of the inseam. Make sure child's heels remain on the floor. The measurement needs to be from the pubic bone to the floor.
5. Measure the distance from the top of the clipboard/book to the floor.



Parent Name(s): _____

Address: _____

City: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact: _____ Phone: _____

Indicate 1st, 2nd and 3rd choices.

We will attempt to accommodate your 1st choice - no guarantees!

Select Shirt Size			
	Youth Small		Adult Small
	Youth Medium		Adult Medium
	Youth Large		Adult Large
	Youth XL		Adult XL

1 st , 2 nd or 3 rd Choice	Session/Time
	Session #1: 8:30 am – 9:45 am
	Session #2: 10:00 am - 11:15 am
	Session #3: 11:30 am – 12:45 pm
	Session #4: 1:45 pm – 3:00 pm

Camper Information

The following questions will assist camp staff in determining the appropriateness of the camp for your child and in accommodating the needs of your child during camp.

1. What is your son/daughter's disability? What do we need to know in order to safely and successfully work with him/her in an activity setting? Any activity limitations?	
2. Does your son/daughter require 1:1 supervision? (i.e., constant supervision to assure safety of him/herself or others) Yes ____ No ____ <ul style="list-style-type: none">If yes, please describe.	
3. Are there any precautions you wish to have observed at camp? Yes ____ No ____ <ul style="list-style-type: none">Please describe.	
4. What are his/her favorite activities? Hobbies? Interests?	
5. Does he/she have behaviors that could result in harm to self or others? Yes ____ No ____ <ul style="list-style-type: none">Please describe. (Please note: if these behaviors occur at camp, he/she may be sent home.)	
6. What HEALTH PRECAUTIONS, ALLERGIES, SPECIAL INSTRUCTIONS, RESTRICTIONS, BEHAVIORS, OR MEDICATIONS, etc., do we need to know about? Any effective strategies or procedures that would be helpful?	

Use additional pages if necessary.

“Cycle Without Limits”

Bike Information

The purpose of “Cycle Without Limits” is to teach children/youth how to ride a two-wheeled bicycle, with the ultimate goal of independently participating in recreational bicycling in the community. Children/youth who attend must have the potential to ride a two-wheeled bicycle (in the judgment of the Camp Director) and must be able to function in a group setting, i.e., respond appropriately to verbal directions and prompts from camp staff.

New applicants to the camp must have an in-person interview with the Camp Director to determine their appropriateness for the camp, or have the recommendation of an experienced camp staff person or other knowledgeable professional who is familiar with the camp goals and format.

1. Please describe your child’s history and experiences with biking.
2. What do you believe to be the primary challenge for your child in bicycling?
3. What have you (and/or others) tried so far in teaching your child to ride a bike?
4. Has your child had any negative experiences with bicycling in the past?
5. What is your goal for your child in terms of bicycling (e.g., family outings, biking independently with peers, riding to school, etc.)
6. Who in your family rides a bike and will be riding with the camper after bike camp ends?

Use additional pages if necessary.

**Summer Camp 2017
Camper Waiver-Release Form**

Camper's Name: _____ **DOB:** _____

Photographic Release

I/We hereby give consent to United Cerebral Palsy of the North Bay (UCPNB) and to photograph our **child/self** (_____) to educate others about the programs and services offered by UCPNB and SSU.

YES, I/We give consent _____ **(Initial)**

NO, I/We do not give consent _____ **(Initial)**

Among the uses contemplated are illustration of articles in newsletters, in profiles that contributors receive, in brochures, to illustrate services discussed on the web site, in displays at community fairs, to publicize local programs, to make professional presentations, to conduct research on teaching techniques and equipment used at the camp, and to publicize the equipment and teaching methods used. In giving approval, I/we understand it is without consideration of compensation of any kind, and UCPNB and SSU are released from any claims or liability. If wider use is contemplated, UCPNB and SSU will get separate approval.

Medical Release

In the event that an emergency requiring medical or surgical care or treatment should arise while **(Child's Name)**, _____ is attending the UCPNB/SSU program, and I/We ARE NOT PRESENT TO MAKE MEDICAL DECISIONS,

YES, I/We give consent _____ **(Initial)**

NO, I/We do not give consent _____ **(Initial)**

for the UCPNB/SSU camp staff to select and designate nurses, physicians, emergency medical staff (EMS) and surgeons to furnish such medical and/or surgical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of California may be needful and proper. I/We absolve UCPNB and SSU, and nurses, physicians, EMS personnel, and surgeons selected and designated by them, from any and all liability for their acts rendered in good faith.

Family Doctor: _____ Phone: _____

Insurance Co. & Plan No.: _____

Personal Property

I/We (Initial) _____ recognize that UCPNB and SSU cannot accept responsibility for child's personal property. To help eliminate losses, please tag name inside equipment, clothes or other personal items.

Parents:
(Both parents required)

If Separated or Divorced:
(Signature of Party with Legal Custody)

Parent 1 Date

Parent 2 Date

Parent 1 Date

Parent 2 Date

Guardian(s):

Guardian Date

Child: If responsible for his/her own legal affairs

Child Date