



Lose the Training Wheels™ Registration Form

Kilmer Middle School

March 19-23, 2012(5 Consecutive Days)

4:30 – 5:45 pm

Thank you for your interest in the Lose The Training Wheels™ program presented by the Kilmer **After-School Program**. 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:

If all boxes are checked below, then your child is eligible to participate.

- | | |
|---|---|
| <input type="checkbox"/> Minimum 8 years of age | <input type="checkbox"/> Able to sidestep to both sides |
| <input type="checkbox"/> With a disability | <input type="checkbox"/> Minimum height of 40" |
| <input type="checkbox"/> Ambulatory without assistive devices | <input type="checkbox"/> Maximum weight 220 lbs. |
| <input type="checkbox"/> Able to wear a properly fitted bike helmet | |

Personal Information

Name of Participant: _____ Gender: _____ Date of Birth: _____

Parent/Guardian Name: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Preferred method of contact : Home Work Cell

Street: _____

City: _____

State: _____

Zip Code: _____

Physical Information

Height: _____

Weight: _____

Inseam: _____

Disability Information

Primary diagnosis: _____

Secondary diagnosis: _____

Overall degree of the primary diagnosis: mild moderate severe

Medical Information

Food allergies: yes no If yes, please explain: _____

Please explain any other medical conditions: _____

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.

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.

Has your child experienced a bicycling accident? Yes No If yes, please explain?

Donations

This program is made possible through the generous donations of organizations and individuals. If you would like to support the Kilmer Middle School After-School Program in presenting this program, please consider making a donation.

\$25 \$50 \$100 \$ _____

Please make check payable to Kilmer Middle School After-School Program.