



JUNE 19-23, 2017

What we do...

iCan Bike uses adapted bicycles, a specialized instructional program and trained staff to enable individuals with disabilities to learn to ride a two-wheel bicycle. Participants attend one 75-minute session each day for five consecutive days where they learn to ride while accompanied and encouraged by a volunteer "spotter." Over the course of the week we continually adjust the bikes in an effort to challenge riders appropriately as they gradually discover the skill and joys of riding.

Who can participate...

To register for the camp, participants must meet the following criteria:

- Have a diagnosed disability
- Be at least 8 years old
- Have a minimum inseam of 20 inches
- Weigh less than 220 pounds
- Be able to walk without assistive devices
- Be able to side-step quickly
- Be able and willing to wear a properly fitted helmet

Cost

- Camp fee is \$35
- Assistance is available to cover the cost of the program

Session Times

- Session 1 8:30 AM – 9:45 AM
- Session 2 10:15 AM – 11:30 AM
- Session 3 1:00 PM – 2:15 PM
- Session 4 2:45 PM – 4:00 PM
- Session 5 4:30 PM – 5:45 PM

Location

iCan Bike will be held at the East Moline Schools Administration / Transportation Center (3541 Morton Drive, East Moline, Illinois 61244)

Bike Camp

Helping children
with disabilities
learn to ride a bike

Only \$35!

icanshine.org
www.ctcqc.org

Spaces are limited!

Presented by the
**CHILDREN'S THERAPY
CENTER OF THE QC**

4450 – 48th Ave Ct.
Rock Island, IL 61201

Monday, June 19th
to
Friday, June 23rd
at the East Moline Schools
Administration /
Transportation Center

Rider Registration

Registration is Online at www.ctcqc.org.

Email info@ctcqc.org to request a printable PDF registration form.

A parent & volunteer orientation meeting will be held in the afternoon on Sunday, June 18th at the East Moline Schools Administration / Transportation Center. (Time to be determined)

Equipment

Training Bikes are provided by "I Can Shine", but riders are encouraged to bring in their own bikes. Once the riders have made the necessary progress on the training bikes, we will get them riding on their own bikes.

Each rider will receive their own FREE helmet to keep, courtesy of a donation by VanDerGinst Law!



Volunteer Opportunity

We need your help! If you are 16 years old or older, you can volunteer to help children at the iCan Bike camp. We need energetic volunteers who will act as spotters for each of the children participating. Be prepared to be swept off your feet while you watch children and young adults experience a new found freedom and sense of accomplishment.

We would love to have you, your family, school, sports team, church, or business sponsor a session by volunteering. Volunteer spotters are needed Monday through Friday for 75-minute sessions and must be able to run or walk at a fast pace. You must attend the parent & volunteer orientation meeting in the afternoon on Sunday, June 18th at the East Moline Schools Administration / Transportation Center. (Time to be determined)

Come be a part of a child's life and help them learn to ride a bike!

Questions?

Regarding Riders: Contact Cara Marske at (309) 558-0145, Ext. 104 or resourcedevelopment@ctcqc.org

Regarding Volunteers: Contact Don Pasmore at (309) 236-8119 or dpasmore@omc-copiers.com





Rider Registration Form

Children's Therapy Center of the Quad Cities

June 19-23, 2017

*East Moline Schools Administration/Transportation Center
3541 Morton Drive, East Moline, Illinois 61244*

We are pleased to offer this bike program to people with disabilities and look forward to helping your family member learn to ride a two-wheel bicycle independently.

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

- Minimum of 8 years of age
- Have a disability
- Able to walk without assistive device
- Willing and able to wear a properly fitted bike helmet
- Able to sidestep to both sides
- Able to attend camp all 5 days
- Maximum weight 220 lbs.
- Minimum inseam of 20" (measure from floor while rider is wearing sneakers)

*****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:	
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):

Health Information:

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

Choose A Session:

Please number each session in order of preference (i.e. 1st, 2nd 3rd). 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

Payment Information:

Payment of the camp fee is required to process the registration form. Please include check of \$35.00 payable to CTC or complete below Credit card information:

Name on Credit Card:	
Credit Card #:	
Expiration Date:	
Security Code:	

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:	
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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 [Children's Therapy Center of the Quad Cities], 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, status or for other requests to support the future development and success of the program.

Parent/Guardian Signature:	
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I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine or [Children's Therapy Center of the Quad Cities] or third parties acting on behalf of Shine or [Children's Therapy Center of the Quad Cities]. 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:	
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Submission Instructions:

Please mail this completed registration form with payment to 4450- 48 Avenue Court, Rock Island, IL 61201 or e-mail to cmarske@ctcqc.org.