



2016 Rider Registration Form

*Bulldog Bike Camp – Hosted by Mississippi State Kinesiology
May 23rd – 27th 2016, Sanderson Recreation Center
Registration Cost: \$100.00*

Thank you for your interest in the Mississippi State Kinesiology's Bulldog Bike camp powered by ICan Shine. We are pleased to offer this program and look forward to working with you and your rider in this endeavor to learn to ride a two-wheel bicycle independently.

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.*****

Personal Information

Participant First Name: _____ Last Name: _____

Sex: ____ Date of Birth: _____

Parent/Guardian First Name: _____ Last Name: _____

Email Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone (____) _____

Preferred method of contact: Home ____ Work ____ Cell ____

Street: _____ City: _____

State: _____ Zip Code: _____

Emergency Contact: Name: _____ Phone: _____

Physical Information

Height: _____ inches Weight: _____ lbs. Inseam: _____ inches (measure from floor)

Camper's t-shirt size: *circle* Youth or Adult **and** Small Medium Large XL 2XL

Order Additional shirts (\$10.00, please indicate size(s) and quantities): _____

Disability Information

Primary diagnosis: _____ Secondary diagnosis: _____

Please provide detailed information regarding the diagnosis that will help us work with the participant effectively: _____

Medical Information

Food allergies: Yes or No (If yes, please explain: _____)

Please explain any medical conditions or health concerns and any special instructions: _____

Choose A Session

Please number **each session** in order of preference. Only mark the sessions you are able to attend. (We will do our best to accommodate preferences).

- _____ 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
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Payment Information

Payment of the camp fee (\$100.00) is required to process the registration. To request a scholarship, contact Dr. Twietmeyer at (662) 325-7533. Please make check payable to: **Mississippi State University**.

Forms can be mailed to: Dr. Gregg Twietmeyer, Mississippi State University, McCarthy 233-B, Mississippi State, MS, 39762.
(You can also drop them off in the MSU Kinesiology Dept. Office McCarthy 216).

Rider Information

Please provide the following information for use by camp staff & volunteer spotters

Rider's Name: _____ Nickname: _____ Age: _____
Diagnosis (optional): _____

Please highlight the appropriate box as it relates to the rider

	Yes	Sometimes	No
Can communicate his/her needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When upset can manage his/her emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently follows simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable with physical queues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to be playfully teased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits by using pictures to convey meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets frustrated easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble staying focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets upset by loud, sudden noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets upset by background noise such as music or talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer each of the following questions (please use back of form if 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 attended LTTW bike camp previously? Yes No If yes, when and what was the 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?

Where did you hear about the camp from? (check box)

Word of Mouth Radio Television Brochure/Flyer Newspaper Other
Explain: _____

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 Mississippi State University, 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.

Signature of Parent/Guardian: _____

I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Miss. State University, 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.

Signature of Parent/Guardian: _____