

Milton Parks and Recreation

Presents



The objective of Lose the Training Wheels is to teach individuals with disabilities to ride a conventional two wheel bicycle without training wheels.

Our program uses specialized equipment, coaching and encouragement to reach this goal. Through the use of our equipment, we gradually introduce the instability of the bicycle until the participant “discovers” how to ride a bike.

Staff from Lose the Training Wheels (LTTW), in partnership with Milton Parks & Recreation, conduct the program. The LTTW staff will supervise the progress of the participants and direct the work of volunteer “spotters”. They will also make necessary adjustments to the trainer bikes for each participant.

Participants will attend one session (75 minutes) per day for a total of five days. During the session each participant will ride indoors on an adapted trainer bike and a conventional bike once they have achieved that skill level. Participants are required to wear a properly fitting helmet when they are on a bike.

Bicycling involves a physical activity on moving equipment. It is inevitable that circumstances will arise when it is necessary to physically touch, hold, or even grab your participant. This often occurs as we place feet on pedals, lift a chin to improve forward vision, place a hand on the back to increase pedaling speed, or catch a participant who might be falling. These activities occur in a public setting and are for therapy purposes. If you or your participant objects to being touched, you are advised to not enroll in this program.

In spite of extensive safety measures, bicycling involves the risk that a participant will fall or collide with an obstacle or another rider. The result of a fall or collision could be a mild injury such as a skinned knee or a serious injury such as a broken bone or head injury. By enrolling in this program you acknowledge that you are aware of, understand and accept this risk. A certified EMT will be on site at all times.

We strive to teach every participant to become an independent bike rider, but we are not successful in all cases. The outcome cannot be predicted and is not guaranteed. We do promise to make every effort to provide the best equipment, staff and environment to assure each participant’s highest level of success possible.

Additional Information: Dave Perdios (617) 898-4941 OR dperdios@townofmilton.org

Program Dates: April 19th. - 23rd.

Sessions: **1:** 11:00 - 12:15pm. **2:** 12:30 - 1:45pm. **3:** 2:00 – 3:15pm.
 4: 3:30 - 4:45pm. **5:** 5:15 - 6:30pm.

Milton Parks and Recreation

“Lose the Training Wheels”

Program Dates: April 19 - 23

Participant Registration Form

Location: Milton High School 25 Gile Rd. Milton, MA 02186

Parent Orientation: Sunday, April 18th. Cunningham Hall - Milton Time: TBA

Cost: \$150 (includes helmet and t-shirt) - Checks Payable To: Town of Milton

(Mail Application To: Milton Park Dept. 525 Canton Ave. Milton, MA 02186)

Requirements for participation:

- Minimum 8 years of age
- With a disability
- Ambulatory without an assistive device
- Able to sidestep quickly to both sides
- Able to wear a properly fitted bike helmet
- Minimum height is 40 inches OR a minimum inseam measurement of 22”
- Maximum weight is 250

Personal Information

Participant First Name _____ Last Name _____

Gender _____ Date of Birth _____ Age _____

Parent/Guardian First Name _____ Last Name _____

Email Address _____

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

Street Address _____

City _____ State _____ Zip _____

Choose a Session

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

____ Session 1 11:00 am. – 12:15 pm.

____ Session 2 12:30 pm. – 1:45 pm.

____ Session 3 2:00 pm. – 3:15 pm.

____ Session 4 3:30 pm. – 4:45 pm.

____ Session 5 5:15 pm. – 6:30 pm.

Will you be able to attend all five days of camp? Yes _____ No _____

Physical Information

Height _____ Feet _____ Inches Weight _____ lbs

Inseam _____ Inches (measured from floor)

T shirt size (circle) **Youth** small (2/4) Medium (6/8) Large (10/12) XL (14/16)
 Adult small Medium Large XL 2XL

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 no If yes, please explain: _____

Please explain any other medical conditions: _____

Orientation for Parents/Guardians

An orientation meeting will be held Sunday, April 18th at Cunningham Hall, 75 Edge Hill Road, Milton MA 02186 (time is to be determined). This is an important time to learn about the program, what you can do at home both during the week and after the camp concludes to help your participant achieve the highest level of success. You will receive critical information regarding selecting an appropriate bike and bike fit. There will be question and answer time as needed. Please arrange your schedule so you are able to attend. This is the only time this information will be presented.

Children are discouraged from attending the meeting to enable you to focus on the material presented. However, if you are unable to find care for your child(ren) we will supervise activities for them at the facility.

Additional Information

Participant's name _____

A parent of guardian will be present at the camp at all times to address any issues that might require medical care (circle one) **yes no**

If no, please complete all the information below. If yes, continue to the next page.

Emergency Information

Parent(s)' name(s) _____

Insurance Provider _____

Insurance Policy # _____

Name of insured _____

Name of Physician _____

Physician Phone # _____

In case of emergency, whom should we notify?

Name _____

Phone _____

Please list medications, health concerns, and any special instructions: _____

In the unlikely event that _____ (participant) requires special medical assistance during his/her participation in the Lose the Training Wheels Camp, I give my permission to provide the participant proper care. In case our personal physical cannot be reached, you may take the participant to the following hospital (please indicate any or state your preference) _____.

I have read the program description and acknowledge that all of my questions regarding the program have been satisfactorily answered. I understand the nature of the program, including both the risks and benefits. I also understand that the participant may be withdrawn from the program at any time.

Signature or Parent or Legal Guardian

Date

Participant Release Form

Lose the Training Wheels

I give permission for (print name below)

To be photographed and/or videotaped for use in publicizing the above mentioned program in print or electronic media. I acknowledge and agree that my participation in photographs and videos may be edited and used in whole or in part and may be reproduced, duplicated, distributed and used for informational or promotional purposes. I understand that photographs and video become the property of Lose the Training Wheels and its sponsoring organization, Independent Living Resource Center, without compensation to me. I understand and authorize the use in writing or otherwise use of the name or identity of the above participant.

By signing, I hereby expressly acknowledge that bicycling, like many sports, involves movement and physical activity, and that injury or mishap are possible in spite of all reasonable safeguards and precautions. As the parent/guardian I accept such risks and agree to hold harmless the principals, staff and volunteers of Independent Living Resource Center, Lose the Training Wheels, Inc., and Rainbow Trainers, Inc.

I understand that data collected from this program by Lose The Training Wheels, Inc. will be used to run the camp effectively.

Signed

(Signature of parent/guardian if program participant is under 18 years of age.)

Print Name _____ Date _____

FAQs regarding Consent to Photograph and Consent for Name Release

Question: Why am I being asked to consent to the use of my participant's photo?

Answer: Most people have never heard about the Lose the Training Wheels, non-profit organization. Publicity is critical if we are to attract campers, educate the public and raise money to underwrite a significant portion of the cost of attending the camp.

Additionally, our camp will be attended by proud parents taking pictures of their participant and camp activities. Our staff is focused on teaching participants to ride a bike. We simply won't have time to monitor who is taking pictures and for what purpose.

Question: I understand the consent to photograph, but why do you need consent for use of name?

Answer: Most media organizations will not publicize a photo or video unless they can personalize it by identifying the names of the people shown in the photo or video. Thus, your consent for their name to be used in association with their picture is necessary to acquire this much needed publicity.

Question: I understand why you want this permission; however I simply cannot provide it to you. Can I still enroll my participant in the Lose the Training Wheels camp?

Answer: Unfortunately, no. We understand you may have reasons for not wanting to give consent. However, in order to protect the quality of this and future camps we cannot enroll any participant in the camp without these consents. We appreciate your understanding of this policy.



Information for Participant Spotter

Please provide the following information for use by your participant's volunteer spotter who will be devoted to your participant's success. This information about your participant will aid them in facilitating that success.

Please mark the appropriate box as it relates to the participant.

	Always	Sometimes	Seldom	Never	N/A
Can communicate his/her needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets frustrated easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can consistently make appropriate choices	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your participant:

- Like to be touched to help re-direct? yes no
- Like to be touched to express joy or comfort? yes no
- Like to be playfully teased? yes no
- Follow 1 to 3 step instructions? yes no more?__
- Have trouble staying focused? yes no
- Get upset by loud, sudden noises? yes no
- Get upset by background noise such as music or talking? yes no
- Benefit by using pictures to convey meaning? (i.e. the word "Stop" within a circle and a line through it)? yes no
- Have fears about riding a bike? Yes No

What techniques do you use to promote positive behavior and/or discourage negative behavior that would be effective for the spotter to use at camp?

Please share any additional information that will enable staff to work safely and successfully with this participant during the camp. _____

Does your participant have a favorite movie, toy or other subject they like to discuss? _____

What play or recreation activities does your participant enjoy? _____
