



### **iCan Bike Program – Capper Foundation**

Thank you for your request for information on our iCan Bike program scheduled for June 10-14, 2024 at Central Park Community Center, 1564 SW Clay, Topeka. Click the following link for access to the iCan Bike website for more information and to view several short videos of the program: [www.icanshine.org](http://www.icanshine.org)

To give you an overview, there are approximately 30 riders in the program. Because there are five 75-minute sessions each day, there will be no more than 6 riders at any one time at each session which ensures more individualized attention for your rider.

Each rider attends the same 75-minute session for each of the 5 days (M – F) and is assigned two volunteers who will work with the rider throughout the week. This works great because bonds are formed between the volunteers and riders which is helpful for encouragement and motivational purposes throughout the week.

#### **Daily 75-Minute Sessions**

**Session 1:** 8:30 am-9:45 am

**Session 2:** 10:05 am-11:20 am

**Session 3:** 12:30 pm-1:45 pm

**Session 4:** 2:05 pm-3:20 pm

**Session 5:** 3:40 pm-4:55 pm

The riders will be riding a specialized bicycle designed to teach them to balance appropriately for the entire 75 minutes each day while being accompanied by their assigned volunteers. Additionally, program staff will provide fun motivational teaching on a specially designed tandem bike that is generally well-received by most riders.

The first two days of the bike program will take place solely inside on adapted roller bikes. Beginning on the third day (Wed), some riders may graduate to a two-wheel bike and transition to riding outdoors spotted by their assigned volunteers. As riders graduate from the roller bikes to a two-wheel bike they will transition to the outdoor riding area.

I hope this provides you with helpful information about the program. I have attached the registration forms that provide all the information you need to know about registering.

Sincerely, Cris Teter, Program Director



All the programs offered here are financially supplemented through a variety of grants and fundraising activities. To apply for this support, Capper must provide accurate information about those served. Please be assured that specific information about you and your family will NOT be shared with anyone. Thank you in advance for your help.

## Intake Form

Consumer/Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_ County \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School District Name: \_\_\_\_\_ USD # \_\_\_\_\_

Referred by: \_\_\_\_\_

OPTIONAL: # of persons in household \_\_\_\_\_ Household income (annual) \_\_\_\_\_

Race: \_\_\_\_\_ African-American \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian

\_\_\_\_\_ Native Hawaiian/Pacific Islander

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other

Parent/Guardian Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home# \_\_\_\_\_  
Cell# \_\_\_\_\_

Email: \_\_\_\_\_ Work # \_\_\_\_\_

Employer Name: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home# \_\_\_\_\_  
Cell# \_\_\_\_\_

E-mail: \_\_\_\_\_ Work # \_\_\_\_\_

Employer Name : \_\_\_\_\_

Is the consumer/child the child, spouse, or parent of someone in Active Duty, National Guard/Reserve, or a Veteran?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

### **AUTHORIZATION TO RECEIVE MARKETING, PUBLIC RELATIONS AND FUNDRAISING MATERIAL**

\_\_\_\_\_ Yes, I'd like to receive marketing, public relations, or fundraising material from Capper.

\_\_\_\_\_ No, I do not want to receive any marketing, public relations, or fundraising material from Capper.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Rider Registration Form

June 10-14, 2024

Central Park Community Center, Topeka, KS

Cost: \$100

We are pleased to offer this bike program to people with disabilities and look forward to working with you and your family members to learn to ride a two-wheel bicycle independently. Call Capper with any questions, at 785-272-4060, or email [bsorensen@capper.org](mailto:bsorensen@capper.org)

### 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
- Minimum inseam of 20"
- Maximum weight 220 lbs.
- Able to attend all 5 days

**\*\*\*All fields are required. Registration will not be accepted if this form is incomplete.\*\*\***

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### Personal Information

Participant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_ 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: \_\_\_\_\_

Person planning to accompany child during week: (if other than parent/guardian)

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## Physical Information

Height: \_\_\_\_\_ inches    Weight: \_\_\_\_\_ lbs.    Inseam: \_\_\_\_\_ inches (**measure from the floor while the rider is wearing sneakers**)

T-shirt size: **circle one** Youth    or    Adult | **circle one** Small, Medium, Large, XL, 2XL, 3XL

## Disability Information

Primary diagnosis: \_\_\_\_\_ Secondary diagnosis: \_\_\_\_\_

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

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## Medical Information

Food allergies: Yes or No    If yes, please explain: \_\_\_\_\_

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

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## Choose A Session

Please number each session in order of preference. Only mark the sessions you can attend.

- \_\_\_\_\_ Session 1 8:30 am – 9:45 am
- \_\_\_\_\_ Session 2 10:05 am – 11:20 am
- \_\_\_\_\_ Session 3 12:30 pm-1:45 pm
- \_\_\_\_\_ Session 4 2:05 pm-3:20 pm
- \_\_\_\_\_ Session 5 3:40 pm-4:55 pm

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## Rider Information

***This information helps program staff & volunteer spotters assigned to work directly with the Rider understand and better serve the individual needs of the Rider.***

Rider's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_  
Diagnosis (optional): \_\_\_\_\_

***Please mark 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"/>
Responds positively to playful banter	<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 visual or audio stimuli(bright lights, loud 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 an iCan Bike program 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
6. Through participating in this iCan Bike program. What are your expectations for your rider?

Comments/Additional Information:

## **Rider Acknowledgment & Liability Release**

Rider Name: \_\_\_\_\_

Rider's Parent/Legal Guardian Name: \_\_\_\_\_

The undersigned hereby agrees to the following:

### **1. Assumption of Risk:**

I, \_\_\_\_\_, am the above indicated Rider's parent or legal guardian and, for myself and on behalf of said Rider, have fully read the accompanying iCan Bike Rider Registration Form and the related materials made available to me describing the iCan Bike program ("Camp"), and I am aware of, understand, and assume the unavoidable risks of the inherently dangerous activity of bicycling, which involves movement and physical exertion that could result in, but not be limited to, severe bodily injury or death.

### **2. Release of Liability:**

In consideration of iCan Shine, Inc. ("iCan Shine"), its affiliates Capper Foundation, Shawnee County Parks and Recreation Department, Topeka Public Schools, Underwriters/Sponsors allowing the above named Rider's and MY participation in the Camp, I, for myself and on behalf of said Rider, our heirs, administrators, personal representatives or assigns, hereby agree to release, indemnify, hold harmless and discharge iCan Shine, its owners, agents, employees, officers, executives, directors, representatives, affiliates, assigns, Rainbow Trainers, Inc., Capper Foundation, Shawnee County Parks and Recreation Department, Topeka Public Schools, Underwriters/Sponsors and their volunteers, agents, employees, and officers of and from all claims, demands, causes of action, and liability, whether the same be known or unknown, anticipated or unanticipated, even if caused, in whole or part, **BY THE NEGLIGENCE OF ANY OF THE FOREGOING.** I further agree that I shall not bring any claims, demands, legal action and causes of action, against iCan Shine and/or any of the foregoing for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by said Rider or ME in relation to the facility and/or operations of the Camp, which shall include, but not be limited to, riding, driving, training, handling, or otherwise being near both conventional two-wheeled bicycles as well as the adapted and/or modified biking equipment used by iCan Shine at the facility during the Camp, whether or not such bicycles and equipment are owned by iCan Shine, or in the care, custody, or control of iCan Shine.

### **3. Indemnification:**

If, despite this release, I, the above named Rider or anyone on said Rider's behalf makes a claim against iCan Shine or any of the foregoing, I agree to indemnify and hold harmless iCan Shine and the foregoing from any litigation expenses, attorney's fees, loss, liability, damage, or cost that they may incur due to the claim(s) made against iCan Shine and the foregoing related to any of the activities or associated activities outlined above.

Further, I hereby expressly acknowledge that photographs and/or videos of said Rider could be taken by parties outside the control of iCan Shine, Capper Foundation, Shawnee County Parks and Recreation Department, Topeka Public Schools, Underwriters/Sponsors in connection with participating in the Camp. I acknowledge that iCan Shine, Capper Foundation, Shawnee County Parks and Recreation Department, Topeka Public Schools, Underwriters/Sponsors have limited or no control over such activities of third parties and have no control over any editing and/or use of such photos and/or video footage.

Signature of Rider's Parent/Legal Guardian: \_\_\_\_\_

### **Media and Data Collection Release**

I give permission for said Rider to be photographed and/or videotaped and later published in print or electronic media by iCan Shine or Capper Foundation or Shawnee County Parks and Recreation Department, Topeka Public Schools, Underwriters/Sponsors or third parties acting on behalf of iCan Shine, Capper Foundation, Shawnee County Parks and Recreation Department, Topeka Public Schools, Underwriters/Sponsors. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for these purposes, and may be produced, duplicated, distributed and used for informational, promotional, or other public purposes. I understand that photographs and videos are not my property and I will not be compensated for them. I understand and authorize the use in writing or otherwise the name or identity of said Rider.

Signature of Rider's Parent/Legal Guardian: \_\_\_\_\_

## Payment Information

Payment of the program fee is required to process the registration form

☐ Please charge my credit card \$100.00

Credit Card Type (circle): Visa   Master Card   Discover

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

- **OR** -

☐ Payment by check enclosed payable to: Capper Foundation

- **OR** -

☐ Submitting Funding Assistance Request (last page) with completed registration.

**Submit your completed registration to:**

*Capper Foundation  
Attn: Brady Sorensen  
3500 SW 10<sup>th</sup> Ave  
Topeka, KS 66604-1904*



**Capper Foundation  
Funding Assistance Request  
(OPTIONAL)**

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Service: **iCan Bike Program; June 10-14, 2024**

Annual Gross Family Income \$\_\_\_\_\_ (Attach 1<sup>st</sup> page of most recent tax return)

Other Income \$\_\_\_\_\_ (ie. child support, public assistance, etc. –  
please attach supporting documentation)

What amount can you afford to pay for the service? \$\_\_\_\_\_

Additional financial information for consideration of funding assistance:

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I understand that this request is subject to availability of funding assistance dollars allocated annually. I also understand that funding assistance may not be available for all services.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

Approved Rate: \$\_\_\_\_\_

Review Committee Approval \_\_\_\_\_

Date of notification: \_\_\_\_\_