



Thank you for your request for information on Capper Foundation's iCan Bike camp scheduled for **June 2-6, 2025**, at Central Park Community Center. Visit the website below for access to more information and to view several short videos (on the home page) of the iCan Bike camp: [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 camp, which ensures more individualized attention for your rider.

Each rider, accompanied by their parent or guardian, will attend the same 75-minute session each day and is assigned 2 volunteers who will work with the rider 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

Riders will begin on a specialized adapted bicycle (roller bike) designed to teach them to balance appropriately. On the second day of camp, in addition to riding the roller bike, riders will participate in a specialized tandem bike ride with iCan Bike staff which provides motivation as well as instructional opportunities.

The first two days of bike camp (Mon & Tues) will take place solely inside on the adapted roller bikes. On the third day (Wed), some riders may transition to a conventional two-wheel bike once they have sequenced through the roller bikes. Once riders are initially successful on a conventional two-wheel bike (demonstrate good balance and ability to brake and stop), they will transition to the outdoor riding area with their volunteer supporters.

We hope this provides you with helpful information about the program. We have attached the required forms that will provide you with all the information you will need to register your rider for camp.

Sincerely,

Your iCan Bike Team at Capper Foundation



All programs offered here are financially supplemented through a variety of grants and fund-raising 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

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

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

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

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

Ethnicity (check all that apply) \_\_\_\_\_ African American \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Caucasian \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ Hispanic or Latino

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

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

Address (if different): \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

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

Address (if different): \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

Is the consumer/child the child, spouse, or parent of someone in Active Duty, National Guard/Reserve, or a Veteran?

\_\_\_\_\_ Yes \_\_\_\_\_ No

OPTIONAL: # of persons in household \_\_\_\_\_ Annual Household Income: \_\_\_\_\_

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

\_\_\_\_\_ Yes, I would 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 2-6, 2025

Central Park Community Center, 1534 SW Clay St., Topeka, KS 66604

Cost: \$115.00

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 age - 8 years old
- Have a disability
- Able to walk without assistive device
- Willing and able to wear a properly fitted bike helmet
- Accompanied by a parent/guardian willing and able to intervene or assist staff as requested in addressing any prolonged disruptive or aggressive behavior
- 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)

**NOTE:** Dropping-off Riders at the program is not permitted. A parent, legal guardian or other adult authorized to take responsibility for the Rider (e.g., another parent) must remain on site for the duration of the 75-minute program.

**\*\*\*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 (circle one):	Youth: S M L XL Adult: S M L XL 2X 3X
Parent/Guardian First Name:	
Parent/Guardian Last Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Home Street Address:	

Home Address City, State, Zip:	
Emergency Contact Name:	
Emergency Contact Phone:	

**NOTE:** It's important to consider behavioral issues when evaluating if this program is appropriate for your rider. An individual may be physically able to participate, but if their behavior is such that they will not follow instructions/remain on task, then it's likely this program will not be beneficial. Parent/guardian may be asked to intervene to ensure iCan Bike staff time is not disproportionately consumed by such adverse behaviors at the expense of serving other rider's needs. Individuals with severe behavioral issues may be asked to leave the program if their actions are potentially harmful to themselves or others at camp. All safety procedures of the facility must be adhered to.

### 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:***

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### Health Information:

Rider Food Allergies, if any:	
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***Please explain any health/medical conditions or health concerns and any special instructions:***

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### 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 #4: 2:05 pm – 3:20 pm
	Session #2: 10:05 am – 11:20 am		Session #5: 3:40 pm – 4:55 pm
	Session #3: 12:30 pm – 1:45 pm		

## Rider Information

(NOTE: All of the following Rider information is disclosed orally and/or in print form to the Rider's Assigned Volunteers. Please do not include any information below that you do not consent to being disclosed to the Rider's Assigned Volunteers)

***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 verbally communicate			
is comfortable with physical queues/prompts			
benefits from the use of pictures to convey meaning			
has a tendency to wander/elope			
gets upset by visual or audio stimuli (e.g., bright lights, loud noise)			
gets upset by background noise such as music or talking			
<b>Comments/Additional Information</b> <b>include other forms of communication such as sign language or an iPad if applicable:</b>			

***Please answer each of the following questions:***

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?

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2. What are favorite activities, movies, music, hobbies, or other interests of the rider?

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3. Suggested motivators if needed.

4. Has the rider previously attended an iCan Bike program?

☐ Yes      ☐ No

If yes list year(s):

Describe the outcome:

5. Has he/she ridden with training wheels? (Yes/No)

If yes, please provide a brief history.

6. Has the rider experienced a bicycling accident? (Yes/No)

If yes, please explain.

7. Through participating in this iCan Bike program, what are your expectations for your rider?

## 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.

I further understand and acknowledge that some bicycles have a handbrake connected to the front wheel posing a significant safety risk to riders being dislodged from the bicycle over the handlebars to the extent such handbrake is squeezed too firmly while riding. I also understand and acknowledge that iCan Shine, Inc. ("iCan Shine") has a practice of teaching bicycle braking using handbrakes connected to the rear wheel only to mitigate this risk. To alleviate the risk of bodily injury to said Rider, in the absence of my explicit request that such front wheel handbrake disengagement not occur, I hereby consent to iCan Shine disengaging any front wheel handbrake affixed to said Rider's personal bicycle brought to camp.

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

In consideration of 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 and 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 and 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, Shawnee County Parks and Recreation Department, Topeka Public Schools, Underwriters/Sponsors or third parties acting on behalf of iCan Shine or 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.

Further, 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.

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

### **Submission Instructions:**

**Please mail the completed registration form with payment to: Capper Foundation  
3500 SW 10<sup>th</sup> Ave.  
Topeka, KS 66604**

**or e-mail to [descobar@capper.org](mailto:descobar@capper.org).**



## Payment Information

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

☐ Please charge my credit card for \$115.00

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: Debbie Escobar  
3500 SW 10<sup>th</sup> Ave  
Topeka, KS 66604-1904  
OR  
[descobar@capper.org](mailto:descobar@capper.org)*

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

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

Type of Service: **iCan Bike Program; June 2-6, 2025**

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 the 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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