



DOWN SYNDROME ASSOCIATION OF ORANGE COUNTY

ORANGE COUNTY BIKE CAMP

Monday, August 5 - Friday, August 9, 2013

Soka University, Aliso Viejo

Camp tuition: \$150



REGISTRATION REQUEST FORM

Indicate which agency your registration is directed to (check only one):

- Down Syndrome Association of Orange County
- United Cerebral Palsy of Orange County

Space is limited! Apply NOW.
Your application must be post-marked or fax-date stamped by
Friday, April 12th, 2013

Participant Information:

First name _____ Last Name _____

Date of Birth _____ Ht (inches) _____ Weight (lbs) _____

Disability or special needs _____

Parent/Guardian Information:

First name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell () _____

E-mail address _____

Has participant attended Bike Camp previously? Yes No

If yes, where and what year did they attend? _____

Below is the camp schedule: Your camper must be able to attend the **same** session each day, Monday through Friday. Please indicate your 1st, 2nd and 3rd choices. Line out any sessions you *definitely cannot* attend.

- | | |
|--|---|
| _____ Session 1 – 8:30 a.m. – 9:45 a.m. | _____ Session 4 – 2:00 p.m. – 3:15 p.m. |
| _____ Session 2 – 10:05 a.m. – 11:20 a.m. | _____ Session 5 – 3:35 p.m. – 4:50 p.m. |
| _____ Session 3 – 11:40 a.m. to 12:55 p.m. | _____ Camper can attend any session |

**There is a mandatory Parent Meeting on Sunday, August 4, 2013 from 3:30-5 p.m. at Soka University. Campers need not attend. The iCanShine staff will be providing very important information during this meeting.*

You will be notified by **Wednesday, May 1st** if your camper is selected. A camp packet containing the health, emergency, and waiver forms will be sent to you at that time. Due to a generous sponsorship from the *Pujols Family Foundation*, the Bike Camp tuition has been lowered to \$150. Completed health and waiver forms, and the camp tuition of \$150.00, must be received by Friday, May 24, 2013 or the camper slot may be forfeited.

*The information provided above is accurate to the best of my knowledge.
If my camper is selected, I agree to meet the deadlines stated.*

Signature _____ Date _____

Name (please print) _____

ALL APPLICATIONS ARE TO BE MAILED TO:

Or Faxed to: (949) 333-6441

BIKE CAMP
c/o UCP-OC
980 Roosevelt, Suite 100
Irvine, CA 92620



2013 Bike Camp Sponsor