

Orange County Bike Camp Volunteer Registration Form

Where: Soka University, 1 University Dr., Aliso Viejo, CA 92656
When: Monday, August 7th through Friday, August 11th, 2017
Volunteer Training: Sunday, August 6th from 4:00 pm - 5:30 pm

Description: The **Orange County Bike Camp 2017** is a collaborative project between the Down Syndrome Association of Orange County (DSAOC) and United Cerebral Palsy of Orange County (UCP-OC). iCan Shine is a non-profit organization that teaches individuals with disabilities to ride a conventional two-wheel bicycle through its' iCan Bike program. Utilizing adaptive bike riding techniques, specialized adaptive bike equipment, and staff from iCan Shine, Inc., DSAOC and UCP-OC will host this exciting, week-long experience for 40 children and adults with disabilities.

Personal Information

First Name: _____ Last Name: _____

E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: H: () _____ C: () _____

Affiliation: _____ T-shirt Size (S, M, L, XL): _____

16 or older (Y or N): _____ DOB (if younger than 16): _____

How did you hear about this opportunity? _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: () _____

Volunteer Role

Spotter: Walk/jog/run alongside a rider as they are learning to ride a bike during a 75-minute session (with short breaks) for 5 days Monday through Friday. You will provide encouragement and physical support, as needed.

Please indicate your highest level of fitness:

_____ I can jog at a moderate pace for one hour with short breaks

_____ I can walk fast for one hour with short breaks

_____ I can walk steadily for one hour with short breaks

_____ I cannot walk steadily for one hour with short breaks

Your Commitment

We ask you to commit to working **all five days** during the camp for the session(s) you select. You may volunteer for up to 3 sessions. Riders bond with their assigned volunteers and rely on the same person to be there each day.

Please indicate the 75-minute session(s) for which you would like to volunteer.

In selecting your session(s), you will need to plan to arrive 20 minutes prior to your session start time for a daily strategy/training session with Shine Staff.

Availability	Session	Time
_____	1	8:30 am - 9:45 am
_____	2	10:05 am – 11:20 am
_____	3	11:40 pm – 12:55 pm
_____	4	2:00 pm – 3:15 pm
_____	5	3:35 pm - 4:50 pm

Volunteer Training: There is a **required** volunteer training on Sunday, August 6th from 4:00-5:30 pm at Soka University.

Please mail, email or fax completed form and iCan Shine Volunteer Release to:

Bike Camp – Kellie Perez

Down Syndrome Association of Orange County
151 Kalmus Dr. Ste M-5
Costa Mesa, CA 92626

Fax: 714-540-5872

Phone: 714-540-5794

Email: kperez@dsaoc.org



Volunteer Release Form

Program: Orange County Bike Camp / iCan Bike

Description: A five-day long bike program that uses adapted equipment to help individuals with disabilities learn to ride a two-wheel bicycle.

By signing, I hereby expressly acknowledge that biking, 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 me may be taken by parties outside the control of iCan Shine in connection with participating in this program. I acknowledge that iCan 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. I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of Soka University, DSAOC, UCP-OC, iCan Shine, Inc., and Rainbow Trainers, Inc. should injury or mishap occur in this regard.

I give permission to be photographed and/or videotaped in print or electronic media by iCan Shine or third parties acting on behalf of iCan 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.

Print Volunteer Name: _____

Signature (parent's signature if under 18): _____