

**Howard County
Autism Society**



**Lose The Training Wheels
Bike Camp**

Check List & Application



Please go through the check list before turning in your application. Incomplete applications will not be processed.

Check list:

- _____ My child is at least 8 years old, 220 pounds or under, and has an inseam of 20 inches
- _____ My child has a disability
- _____ My child is ambulatory without an assistive device
- _____ My child is able to side step quickly to both sides
- _____ My child is able to wear a bike helmet
- _____ I have completely read and filled out all forms
(Participant Information Form, Behavior Contract, Registration Form)
- _____ I have enclosed payment of \$150 made out to Howard County Autism Society

Please visit the Lose The Training Wheels website for more information about the camp at www.losethetrainingwheels.org

Completed forms and payment can be mailed to HCAS, emailed to info@howard-autism.org, faxed (410—290-5455) or hand delivered to our office at 10280 Old Columbia Road, Suite 215, Columbia, MD 21046

Registration Form

Name of Parent/Guardian

Home Address

Telephone Number (home and cell) and Email Address

Participant: Height Weight Date of Birth

Does your child participate in ESY yes/no

The camp time slots are as follows. Please indicate your 1st, 2nd, and 3rd choice.

8:30 – 9:45 AM _____

10:05 – 11:20 AM _____

12:20 – 1:35 PM _____

1:55 – 3:10 PM _____

3:30 – 4:45 PM _____

Method of payment:

_____ Check _____ Cash _____ Credit Card: Visa _____ MasterCard _____

_____/_____/_____/_____/_____ Exp. Date: _____

3-digit Security Code: _____

Signature

Date