

# ORANGE COUNTY BIKE CAMP

July 30 - August 3, 2012 (Monday – Friday)  
Soka University, Aliso Viejo



DOWN SYNDROME ASSOCIATION  
OF ORANGE COUNTY

## REGISTRATION FORM



Indicate which agency you are applying 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 13th, 2012

### 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 ( ) \_\_\_\_\_

Email 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 will be a mandatory Parent Meeting on Sunday, July 29, 2012 from 3:30 to 5:00 p.m. at Soka University. Campers need not attend.

You will be notified by Monday, April 23rd if your camper is selected. A camp packet will be sent to you at that time. Completed forms and the camp tuition of \$225.00 must be received by Friday, May 25, 2012 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 above.

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

Name (please print) \_\_\_\_\_

ALL APPLICATIONS ARE TO BE MAILED TO:

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

Or Fax to: (949)333-6441