

# Bike Riding Basics Class



## This Summer! Ages: 6-12

**Q:** Is your child having difficulties learning to ride a bike?

**Q:** Are the “old fashioned” methods not working for your child?

**Q:** Is your child getting frustrated and ready to give up altogether?

**A: Then this class is for you!**

Our new & unique approach gives your child  
the tools to be a successful bike rider!



- \* Taught by Michelle Cody, OTL  
(owner of Sensory Kids, LLC)
- \* Individualized program
- \* Step-by-step instruction
- \* Positive & motivating
- \* Progress at your own pace
- \* Use your own bicycle & helmet
- \* Parent participation required
- \* Ages 6-12 welcome

**Sessions  
on Saturdays  
during the summer!**  
10:30 am -11:30 am  
**\$25/session!**  
(4 session min  
per child)

Saturday morning classes forming now!  
Call or email to reserve your spot!

**248-330-7795**

[mcody@SensoryKidsTherapy.com](mailto:mcody@SensoryKidsTherapy.com)



341 N. Pontiac Trail, Walled Lake, MI 48390  
[www.SensoryKidsTherapy.com](http://www.SensoryKidsTherapy.com)



# Bike Riding Basics Class Registration Form

## Bike Rider

First \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male  Female  Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

## Parent/Guardian

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email Address \_\_\_\_\_

## Special Needs/Allergies *(please describe)*

\_\_\_\_\_  
\_\_\_\_\_

## Tuition Information

\$25/session (minimum 4 sessions per child). After the 4<sup>th</sup> session, OT recommendation will be made for further sessions.

## What to bring:

1. Bike – No training wheels, seat in the lowest position
2. Helmet
3. Pair of old adult tube socks (to cover pedals for protection while training)
4. Parent/Guardian! Parents are required to attend each session and stay for the entire session. This is a parent participation program! ☺

## How did you hear about Sensory Kid's Bike Riding Basics Class?

Website      Flyer      Yard Sign      Word of Mouth      Other \_\_\_\_\_



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www.SensoryKidsTherapy.com

**RELEASE AND WAIVER OF LIABILITY / EMERGENCY MEDICAL AUTHORIZATION / CONSENT FORM**  
**ACTIVITY TITLE: Bike Riding Basics Class**

**RELEASED PARTIES**

In regards to the participation of my child, \_\_\_\_\_, in the above activity, my child and I agree to waive, discharge and release Sensory Kids, LLC, MRB Co., LLC, their employees, contractors, or volunteers (collectively referred to as "Released Parties"), from any and all liability for any and all personal injuries, loss of or damage to property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including but not limited to negligence, resulting from my participation in the above activities of Sensory Kids, LLC.

**PERSONAL INJURY**

I fully understand that this activity may be physically demanding and I am aware that it may cause personal injury. I, on behalf of myself and my child, am participating voluntarily in these activities with the knowledge and appreciation of the dangers involved and I, on behalf of myself and my child, voluntarily agree to accept and assume all risks of personal injury or any other damages or losses to my person or property. In the event that any claim arising out of or related to personal injury or damage to me shall be filed against any Released Parties, I shall indemnify and hold harmless Released Parties from and against any and all such claims, including attorney's fees, incurred in defense of such claims.

**MEDICAL**

I understand that the Released Parties do not have medical personnel available at the location of said activity. In the event of illness or injury arising out of my or my child's participation in the above activity, I give my consent and authorization for the administration of emergency first aid care and treatment at the scene of an emergency by employees of Sensory Kids, LLC. I understand and agree that in the event first aid or medical care should become necessary, I am fully responsible for any such care and all costs associated with such care.

**PHOTOGRAPHY**

I understand that my child may be photographed at said activity. I give my consent and permission for both internal and external use of photographs of my child for public relations, news articles or telecasts, education, advertising, research, inclusion on Sensory Kids, LLC's website, fund raising or any other purpose by Sensory Kids, LLC and/or its affiliates and hereby waive any rights of compensation for such use. I agree that all negatives and positives, whether prints, video, film or data file, are the property solely of Sensory Kids, LLC, or the individual or entity designated by it.

**Disallow photography use**

I have carefully read this entire release, waiver of liability, emergency medical authorization, and consent form. I, for my child and myself, agree to the entirety of the release above and agree to be legally bound by it. I represent and certify that my true age is at least 18 years old and that I have authority to execute this document on behalf of my child/guardian.

Parent or Legal Guardian's Name: \_\_\_\_\_  
(please print)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_