



Knight Riders

This program is designed to get your young adults active this summer on their bike and in their community! Participants will need a working bike and helmet for their travels in North Liberty and Coralville area. Mornings are spent doing self-improvement projects and riding. Afternoons will be spent swimming, games, outdoor activities and field trips. We will try and do at least one large community service project each week along with smaller projects within the city.

This program is designed for the participants to be active parts of the program planning process and to develop activities that excite and motivate them. This is a great way to give something back to your community, meet new friends, and have fun this summer! The program is open for students entering 6th grade through 9th grade. The Rec Center will be the home base for the Knight Riders but be prepared to ride 5-10 miles per day.

Session:

Week 1—June 1-4

Week 2—June 8-11

Week 3—June 15-18

Week 4—June 22-25

Week 5—June 29 –July 2

Week 6—July 6-9

Week 7—July 13-16

Week 8—July 20-23

Week 9—July 27-30

Week 10—Aug 3-6

Field Trip on Tuesdays!

Movie at Coral Ridge

Quarter Barrel Arcade

Air FX

Speedeezz 2 Indoor Carting

Maquoketa Caves State Park

Lost Island Waterpark

Fun City Burlington

May City Bowling

Adventurland

Alpine Slide @Chestnut Mountain

Program held Monday—Thursday; 8:30-4:30

Fee: \$140 per week

Must be entering 6th grade through entering 9th grade.

Enrollment - 3/1 past enrollees; 4/1 Open to public

Community service learning projects & learning self-development

Ronald McDonald House
Clean up of Iowa Athletic Facilities
IA Children's Museum
Trial Clean Up
Wash Police Cars
Animal Shelter
K9 Unit
Fire department
Learning about local business

Parents of Children with Special needs or needing special arrangements such as medication or behavior problems should make arrangements to meet with the program supervisors a minimum of 2 weeks prior to your child's start date.

DHS: Sorry no funding available

Cancellation fees: You are allowed to transfer weeks, as long as there are opening with no penalty.

What Parents Need To Know

Home Base: Knight Riders will meet in a conference room downstairs of the Rec Center.

Storing Bikes: Sorry, we will not be storing bikes at the Rec Center. There is a bike rack that the participant can lock their bike up to if you decide you would like to leave the bike there for the week. (WE are not responsible for any stolen or vandalized bikes)

Weekly Agenda's: Each week you will receive the Knight Riders agenda's by email. An email distribution list will be set up and will be sent blind carbon copy to all families.

Riding Home: Participants may ride their bikes home at the end of the day with permission by parents. Please fill out the form at the back of this packet and bring to Knight Riders the first day your child starts.

****Field Trips will be on Tuesdays****

What to Bring Everyday

Backpack: All Participants will need to have a back pack to put all of their personal belongings in.

Lunch: Lunches are not refrigerated so pack accordingly.

Water Bottle: Keeps you hydrated throughout the day

Label: Please label all personal items such as water bottle, towels, sunscreen, electronics, etc...

Swimming: Bring suit to change into even if you are not swimming so you don't get your clothes wet.

Extra Clothes: Some of the learning service projects will be messy and dirty. Please pack accordingly to the week's agenda.

Shoes: Closed toed shoes are required. Open toed sandals or flip flops are not allowed.

Sunscreen: A majority of our time is spent outside please make sure your child brings sunscreen every day.

Padlock: With all of the traveling done in the North Liberty/ Coralville area it is highly suggested to get a padlock to lock up your bike.

Money: It is up to your own discretion. There may be days were participants can stop and pick up a snack or drink at a convenience store or on Field trip days.

Disciplinary Guidelines

First offense will be a verbal warning and a discussion with the participant. The second offense will result in notification to Parents/ Guardians by Staff member. If the problem is sever in nature, such as a physical incident, participant will be suspended or expelled. There is no pro-ration of fees for suspension or dismissal during that week. Any remaining weeks will be refunded if the child is dismissed for the summer.

Child's Name: _____ Birthdate: _____

Child's Doctor: _____ Phone: _____ Address: _____

Child's Dentist: _____ Phone: _____ Address: _____

Iowa City Hospital Preferred: _____

Date of Last Tetanus: _____ Are all immunizations current?: Yes No (Please specify) _____

Allergies:(please include both drug, food, or pest) _____

Present Medication: _____

A medication release form must be completed for all medications distributed at Knight Riders Program, including over the counter items.

Insurance Company: _____ Policy Holder's I.D.: _____

Please list significant illnesses and surgeries child has had (give age at time).

Attach additional sheets as needed:

Does your child have any physical condition or disability, which our staff should be aware of? Would this restrict his/her activity? Please explain condition and accommodation required:

Is this child subject to any condition, which limits classroom or physical activities?

Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation? For behavior conditions, please explain approach used at home/school to correct:

Other information you would like to share:

THIS CONSENT GIVES PERMISSION FOR MEDICAL CARE IN PARENTAL/GUARDIAN ABSENCE AND MUST BE PRESENTED UPON ADMISSION FOR TREATMENT. EVERY EFFORT WILL BE MADE TO NOTIFY THE PARENT/GUARDIAN IMMEDIATELY IN CARE OF EMERGENCY, ILLNESS, OR INJURY. IN THE EVENT THAT THE PARENT CANNOT BE CONTACTED OR ARRIVE AT Rec Center IN AMPLE TIME, THE CHILD WILL BE TRANSPORTED BY AMBULANCE IN AN EMERGENCY SITUATION. North Liberty

IN THE EVENT THAT MY CHILD REQUIRES MEDICAL OR SURGICAL CARE WHILE I AM OUT OF THE CITY OR UNABLE TO BE REACHED, I HEARBY GIVE CONSENT TO MEDICAL OR SURGICAL TREATMENT TO THE ABOVE HOSPITAL AND/OR DOCTOR. I AGREE TO PAY ALL COSTS AND FEES CONTINGENT ON ANY EMERGENCY CARE AND/OR TREATMENT FOR MY CHILD AS SECURED OR AUTHORIZED UNDER THIS CONSENT. THIS CONSENT WILL BE IN EFFECT FROM MAY 27, 2016 TO AUGUST 31, 2016.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE:

DATE:

