

**REQUEST FOR AMTRYKE®
THERAPEUTIC TRICYCLE APPLICATION**
(To be filled out by adult rider or parent/guardian!)



RECIPIENT'S NAME: _____ AGE _____ DATE OF REQUEST _____

MAILING ADDRESS: _____ PHONE # _____

CITY/ STATE/ ZIP: _____ EMAIL _____

DIAGNOSIS: _____

IF RECIPIENT IS UNDER 18 YEARS OF AGE PARENT'S/GUARDIAN NAME: _____

PHONE # _____ Email: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

OR SECONDARY CONTACT NAME: _____ PHONE _____

TREATING THERAPIST'S NAME: _____ TITLE/FIELD: _____

PHONE: _____ EMAIL: _____

HOW DID YOU HEAR ABOUT THE AMTRYKE® THERAPEUTIC TRICYCLE? (CHECK ALL THAT APPLY)

_____ THERAPIST _____ WEBSITE _____ AMBUCS™ MEMBER _____ *OTHER

*IF OTHER PLEASE SPECIFY WHERE: _____

AMTRYKE® DEMONSTRATION SITE, GIVE NAME/STATE: _____

**IS FINANCIAL ASSISTANCE NEEDED IN OBTAINING THE TRICYCLE? _____ YES _____ NO

*IF YES, HOW MUCH CAN YOU PAY? _____

I AGREE TO "RECYCLE" THE TRYKE FOR USE BY ANOTHER CHILD? ___ YES

TELL US ABOUT THE RECIPIENT: _____

If possible including a photo of the recipient will help us to obtain a sponsor for you or your child's AmTryke® tricycle.

I give my permission for my or my child's picture and personal information to be used in AMBUCS™ materials to help in obtaining a sponsor for the AmTryke® therapeutic tricycle.

Signature: _____ Date: _____

****AmTryke® therapeutic tricycles are distributed based on available funds and need, and individual placements of AmTryke® therapeutic tricycles are at the discretion of the local chapters.**

AMTRYKE REQUEST, ASSESSMENT FORM AND PARENT/GUARDIAN WAIVER MUST BE RECEIVED TO PLACE RECIPIENT ON WISH LIST.

AMTRYKE® THERAPEUTIC TRICYCLE WAIVER

PURPOSE The AmTryke® therapeutic tricycle was designed for people with disabilities. The hands, feet, or both power the tricycle. It allows freedom to travel, builds self-esteem, strengthens muscles, and improves motor coordination and range of motion while making exercise fun.

STEERING Initially, the rider may have difficulty turning or changing directions. Encourage the rider to go straight ahead, back up and slowly turn around. There are three steering options for the AmTryke® therapeutic tricycle. On the front column of the tricycle you will find 2 holes for the steering pin. The top hole is straight steering, the bottom hole allows 20 degree turning radius.

SAFETY

CAUTION

Fast speeds and sharp turns can cause the AmTryke® therapeutic tricycle to tip or turn over!

- *Always wear helmet when riding AmTryke® therapeutic tricycle with adult supervision! Adult supervision required if used by younger riders.*
- *Use caution near cars and other motor vehicles, near sloped driveways, hills, alleys, swimming pools and other bodies of water.*
- *Always wear shoes.*
- *Never allow more than one rider.*
- *Use of protective gear and safety helmet is highly recommended.*
- *Use of the steering pin is recommended to prevent over-steering or possible tip-overs.*

AMBUCS™ members nationwide are dedicated to creating opportunities for mobility and independence for people with disabilities by performing community service, providing AmTryke® therapeutic tricycles to people with disabilities, and providing scholarships for therapists.

The information contained in this service is not intended nor implied by National AMBUCS™, Inc. to be professional medical advice by National AMBUCS™, Inc.. Always seek the advice of your physician, therapist or other qualified healthcare provider prior to starting any treatment or with any question you may have regarding a medical condition. Nothing contained in this service is intended by National AMBUCS™, Inc. to be for medical diagnosis or treatment by National AMBUCS™, Inc., or on behalf of National AMBUCS™, Inc.

In no event shall National AMBUCS™, Inc., be liable for any direct, indirect, incidental, consequential, special, exemplary, punitive, or any other monetary or other damages, personal injury or property damages, fees, fines, costs, attorney fees or liabilities of any kind, arising out of or relating in any way to this service or use of the AmTryke® therapeutic tricycle, and/or content or information provided herein.

By signing below I agree that I may be photographed by National AMBUCS. I also agree that my photo and name may be used in promotional efforts for National AMBUCS and AmTryke LLC. I further grant National AMBUCS the ability to use the photos and name for advertising/publicity purposes without additional compensation, except where prohibited by law.

Recipient Name: _____ **Phone:** _____

Address: _____ **City/State/Zip:** _____

Recipient Signature: _____

Legal Guardian Name: _____ *(if recipient is under 18 years of age)*

Legal Guardian Signature: _____ **Date:** _____

AMTRYKE REQUEST, ASSESSMENT FORM AND PARENT/GUARDIAN WAIVER MUST BE RECEIVED TO PLACE RECIPIENT ON WISH LIST.

Please mail or Ya Uj this application to: Air Capital AMBUCS
PO 780392, Wichita, KS 67278
Email: admin@aircapitalambucs.com