

**REQUEST FOR AMTRYKE®
THEREAPEUTIC TRICYCLE APPLICATION
(To be filled out by parent/guardian!)**



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

MAILING ADDRESS: _____ PHONE # _____

CITY/ STATE/ ZIP: _____ County _____

PARENT'S/GUARDIAN NAME: _____

PHONE # _____ Email: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

SECONDARY CONTACT NAME: _____ PHONE _____

DIAGNOSIS OF CHILD: _____

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 YOUR CHILD: _____

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

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

Name: _____ 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.**

Please mail or fax this application to: GreeneBucs Chapter of National Ambucs
4095 Executive Dr
Beavercreek OH 45430
Fax: 937-4291714, Voice 937-429-2118, E-mail Greenebucs@gmail.com

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

AMTRYKE® ASSESSMENT FORM (MUST BE FILLED OUT COMPLETELY BY THERAPIST)

Using the list below circle the tryke and accessories needed. (view the products visit www.ambucs.org)

Happy small bucket seat OR **Jumbo** large bucket seat

Wrist Wraps XS S M L XL

Toddler Foot-cups

Pedal Block (1 equals ½-inch) ____

Knee adductor strap S M L

Auto-Freewheel Disabled YES__ NO__

AM-9S small bucket seat OR **AM-9L** large bucket seat

Wrist Wraps XS S M L XL

Toddler Foot-cups

Pedal Block (1 equals ½-inch) ____

Hand Wraps 1 or 2

Knee adductor strap S M L

Vertical Hand Grips

XSmall Components: Seat Extender Plate 2 ½ inch crank arms

AM-12 (12" front wheel) OR **AM-16** (16" front wheel)

Choose Seating Option: **SADDLE SEAT/BACK REST** OR **BUCKET SEAT**

Wrist Wraps XS S M L XL

Hand Wraps 1 or 2

Wrist Brace Mitt Right or Left S M L XL

Bench Seat

1400 Seatback (includes push grip, backpad, 2 laterals)

1400 Head Rest

1400 Lumbar Pad

1400 Full padded back

H-Harness: 8 1/2 inch

11 ½ inch

Pedal Block (1 equals ½-inch) ____

Medium or Large Foot-cups

Knee separator

Knee adductor strap S M L

Vertical Hand Grips

Stationary Foot Platform

Push Bar

1412 ProSeries (12" wheels)

Choose Seating Option: **SADDLE SEAT/BACK REST** OR **BUCKET SEAT**

Wrist Wraps XS S M L XL

Wrist Brace Mitt Right or Left S M L XL

Bench Seat

1400 Seatback (includes push grip, backpad, 2 laterals)

1400 Head Rest

1400 Lumbar Pad

1400 Full padded back

H-Harness: 8 1/2 inch

11 1/2 inch

Knee separator

Knee adductor strap S M L

1416 ProSeries (16" wheels) **1420 ProSeries** (20" wheels) Seating : saddle seat with 1400 Seatback-push grip, backpad, 2 laterals)

Wrist Wraps XS S M L XL

Wrist Brace Mitt Right or Left S M L XL

Bench Seat

Bucket Seat

1400 Lumbar Pad

1400 Head Rest

1400 Full padded back

H-Harness: 8 ½ inch

11 ½ inch

Knee separator

Knee separator 9" extender tube

Knee adductor strap S M L

2701, 20" Wheels **2721**, 24" Wheels Seating: saddle seat

Wrist Wraps XS S M L XL

Wrist Brace Mitt Right or Left S M L XL

Bench Seat

½ Expanding Pedals

2700 Back Support with Pad and 2 Laterals

Knee Adductor strap S M L

½ Exercise Pedals

AmTryke® Assessment Form (must be filled out completely by therapist)

Recipient's Name: _____

Age: _____ Weight: _____ lbs Height: _____ inches

Arm Length and Leg Length Measurements are critical to correct AmTryke® therapeutic tricycle selection. (Sizing charts are available www.ambucs.org) Please complete.

Arm Length (shoulder to knuckles) Right: _____ inches Left: _____ inches

Leg Length (hip to bottom of shoe) Right: _____ inches Left: _____ inches

Head Circumference: _____ inches (helmet)

Special Consideration, ie: Leg length discrepancy, etc.

Desired outcome or goal:

Therapist Name: _____

Are you the treating therapist for this child? YES NO

Facility Name: _____

Is this Facility an AmTryke Demo Site? YES NO

Facility Address _____

City _____ State _____ Zip _____

Phone: _____ email: _____

Therapists Comments Concerning Child: _____

Therapist Signature: _____ Date: _____

Ship to: _____ Attn: _____

Street Address: _____

City _____ State _____ Zip _____

Phone: _____

Please return a copy of this completed form to: **GreeneBucs Chapter National Ambucs, 4095 Executive Dr., Beavercreek OH 45430 Fax 937-429-1714, Voice 937-429-2118, E-Mail greenebucs@gmail.com** Request form, Assessment form, and Liability waiver are required for AmTryke Placement

AMTRYKE® THERAPEUTIC TRICYCLE WAIVER

PURPOSE The AmTryke® therapeutic tricycle was designed for children 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.

Wish List **To be eligible for the National Wish List all three forms must be received by the Resource Center. The three forms are the Request Form, Assessment Form, and Liability Waiver. Once these forms are received, the child's name is placed on the list and will remain there until the funds are raised to purchase the AmTryke® therapeutic tricycle for the child. This may take some time, please be patient.**

STEERING OPTIONS Initially, the child may have difficulty turning or changing directions. Encourage the child to go straight ahead, back up and slowly turn around. There are three steering options for the AmTryke® therapeutic tricycle. The tricycle comes out of the shipping boxes in the locked forward position. This is for shipping safety and also allows time for a new rider to build strength and control. On the front column of the tricycle you will find a steering pin with a large instruction tag attached. Read and follow the instructions to change the steering to twenty degree turning radius or free motion.

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!*

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 children 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.

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Child's Name: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

Print Legal Guardian Name: _____

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

Request form, assessment form, and liability waiver are required for tryke Placement

GreeneBucs Chapter National AMBUCS
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Fax 937-429-1714
E-Mail greenebucs@gmail.com
www.greenebucs.org

