

**REQUEST FOR DEMONSTRATION AMTRYKE®  
THERAPEUTIC TRICYCLE APPLICATION  
(All Info Required for Tryke Placement)**



NAME OF SCHOOL OR ORGANIZATION: \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

THERAPIST'S NAME: \_\_\_\_\_ TITLE/FIELD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE/ ZIP: \_\_\_\_\_ County \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

THERAPIST'S SIGNATURE: \_\_\_\_\_

SIZE OF TRYKE: \_\_\_REGULAR (12") \_\_\_LARGE (16") \_\_\_ ALL TERRAIN (15") \_\_\_TODDLER

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? \_\_\_\_\_

HOW MANY CHILDREN ARE IN YOUR PROGRAM AND WILL BENEFIT FROM AN AMTRYKE? \_\_\_\_\_

**TELL US ABOUT THE CHILDREN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WOULD YOU BE WILLING TO BECOME A LOCAL DEMO/FITTING SITE FOR CHILDREN IN YOUR AREA WHO NEED TO BE FITTED FOR AN AMTRYKE?** \_\_\_\_\_

**\*\*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 this application to: Greenebucs Chapter National Ambucs  
Amy McDougale  
4095 Executive Dr.  
Beavercreek, Ohio 45430**

**Voice: 937-429-2118  
Fax: 937-429-1714  
www.greenebucs.org**

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

School Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Therapist Comments Concerning Child: \_\_\_\_\_

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

\_\_\_\_\_

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

Special Consideration, i.e.: Leg length discrepancy, etc.

Desired Goal or Outcome:

**Adaptive Equipment needed for modification: Circle accessories needed.**

(Check website www. <http://interdyne.com/shopsite/page7.html>, if you have questions concerning the accessories)

**Stationary Adapters**

(Used to stabilize hand and/or feet to a stationary position so they don't move with motion of AmTryke)

**Bucket Seat**



(Standard seat)

**Push Bar**



**Vertical Hand Grips**



**Hand Wrap: 1-2**



**Wrist Wraps**



**Padded Back w/harness**



**Lateral Supports 1 or 2**



**Head Support**



**Pedal Block (each equals 1/2-inch) \_\_\_\_\_**



**Foot Cups**



**Bench Seat-** (No picture available at this time)

(Standard foot pedals on AmTryke)

**REQUEST FORM, ASSESSMENT FORM, LIABILITY WAIVER AND LOAN AGREEMENT ARE REQUIRED FOR TRYKE 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 Wish List all four forms must be received. The four forms are the Request Form, Assessment Form, Liability Waiver and Loan Agreement. 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 yellow 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.

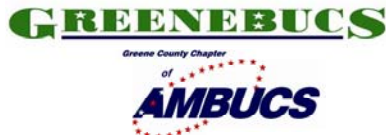
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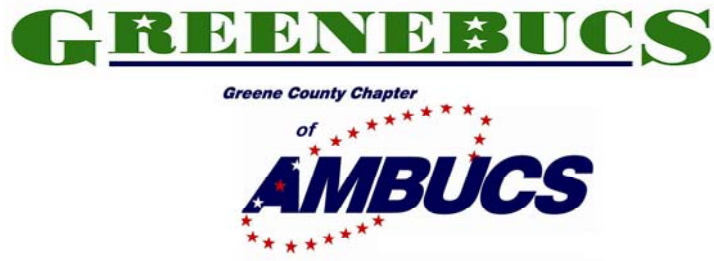
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**School Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## AmTryke Loan Agreement

This agreement is made for the loan of / use of an AmTryke between the Greenebucs chapter of National AMBUCS and \_\_\_\_\_ School.  
(name of school)

It is agreed that if for whatever reason the AmTryke is no longer being used, such as the children outgrowing it, that it will be returned so that it may be refurbished and put to good use with another child. It is also agreed that if in the interim there is a change of address or phone number Greenebucs shall be notified so that we can keep records as to its location.

\_\_\_\_\_  
Therapist signature

Work phone \_\_\_\_\_

Date \_\_\_\_\_

AmTryke serial Number \_\_\_\_\_  
(To be completed upon delivery)

