

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



NAME OF CHILD: \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_

DIAGNOSIS OF CHILD: \_\_\_\_\_

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

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

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

SIZE OF TRYKE: \_\_\_REGULAR (12") \_\_\_LARGE (16") \_\_\_ #1402 PRO SERIES \_\_\_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? \_\_\_\_\_

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

TELL US ABOUT YOUR CHILD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 this application to: Ohio Chapters Of National Ambucs  
Amy McDougale  
4095 Executive Dr.  
Beavercreek, Ohio 45430

Voice: 937-431-6542  
Fax: 937-429-1714  
www.ohioambucs.org

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

**Child's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

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

Desired Goal or Outcome:

**Arm Length and Inseam Length Measurements are Critical to Correct AmTryke® therapeutic tricycle selection. Please Complete.**

\*\*Arm Length (axilla to knuckles) Right: \_\_\_\_\_ Left: \_\_\_\_\_

\*\*Leg Length (inner groin to bottom of shoe) Right: \_\_\_\_\_ Left: \_\_\_\_\_

**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)

**Padded Back w/harness**

**Push Bar**



**Vertical Hand Grips**



**Hand Wrap: 1-2**



**Wrist Wraps**



**Lateral Supports 1 or 2**



**Head Support**



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



**Foot Cups**



(Standard foot pedals on AmTryke)

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

Are you the treating therapist for this child? Yes or No      Are you the therapist at the Demo Site? Yes or No

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

Demonstration Site Name: \_\_\_\_\_

(If not a Demo Site) Facility Name/Address: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**REQUEST FORM, ASSESSMENT FORM, LIABILITY WAIVER, LOAN AGREEMENT AND PHOTO RELEASE FORM ARE REQUIRED FOR ALL TRYKE PLACEMENTS**

## 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 five forms must be received. The five forms are the Request Form, Assessment Form, Liability Waiver, Loan Agreement and the Photo Release Form. 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 and ride 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.*

*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.*

**Child’s Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Print Legal Guardian Name:** \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## AmTryke Loan Agreement

This agreement is made for the loan of / use of an AmTryke between the Ohio AMBUCS chapter of National AMBUCS and \_\_\_\_\_ parents / legal guardians of \_\_\_\_\_  
 (Child / recipient)

It is agreed that if for whatever reason the AmTryke is no longer being used, such as the child 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 Ohio AMBUCS shall be notified so that we can keep records as to its location.

\_\_\_\_\_  
 Parent / legal guardian signature

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

\_\_\_\_\_  
 Parent / legal guardian signature

Home phone \_\_\_\_\_

Date \_\_\_\_\_

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





## Photo Release Form

I, \_\_\_\_\_, the undersigned agree that my child,  
\_\_\_\_\_, may be photographed by AMBUCS, Inc.

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

\_\_\_\_\_  
Parent / legal guardian signature

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

Date \_\_\_\_\_

