



Ride Captain Reference Guide



Thank you for volunteering to be a Ride Captain! Our club would not be successful without your time and effort.

Below you will find information about the duties of a Ride Captain as listed in the SIW By-Laws. In addition, you'll find some suggestions and courtesy items. It is our hope that both new and current ride captains will find this information helpful. We also hope that you will share this information with those who participate in your rides.

Ride Captain Duties from the SIW By-Laws Article VII

E. Ride Captains must use an Official Sign-up Sheet, the data from which should be submitted to the Statistician within one week. The Ride Captain should strive to:

1. list the ride with accurate mileage and difficulty ratings.
2. introduce any new people.
3. provide maps and/or route instructions.
4. start the ride at the prescribed time.
5. ride at the back or appoint someone to ride at the back.
6. assist with breakdowns.

Suggestions

- **Make sure all riders are wearing helmets.**
- Ask non-members to provide both their phone number and email address on the sign-up sheet. Include both in your report to the Statistician.
- **Send a report/update on all rides to the Statistician even if the ride was canceled or no one rode.**
- Remind riders (especially when there are new or less experienced riders):
 - Use standard hand signals to announce turns, slowing or stopping and call out intentions: "Slowing" "Stopping" "Turning."
 - Point out road hazards and yell "Gravel" "Hole" "Glass" etc.
 - Obey all traffic signs and signals.
 - Say "on your left" when passing another rider on his/her left.
 - Avoid passing another rider on the right. Say "hold your line" or "I'm over here" or "on your right" if you must pass on the right.
 - Ride no more than two abreast and ride single file on busy roads.
 - Practice "SAFETY FIRST" at all times.
- Ride with or find someone to ride with a new rider. **Be sure that new riders are not left behind.**
- Remind riders that for safety reasons, they should ride the course as given on the cue sheet.
- Offer membership information to non-member riders:
 - Give them a Membership application brochure which they can complete and mail to the treasurer with a check, or
 - Suggest they go to the Website and click on the **Join** button at the far right where they can either:
 - register online using PayPal, or
 - print an application and mail it to the treasurer with a check.



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Mileage

The following provides information from the By-Laws regarding what mileage is used to determine mileage awards and how mileage should be determined in increment weather, etc.

Mileage for Mileage Awards

According to the By-Laws, an SIW Member can accumulate “Official Club Mileage” by any combination of approved rides from either schedule.

Mileage only counts if it is part of an approved* ride on either the Slowspokes or Wheelmen’s schedule. It does not include miles ridden to or from the ride. The rider must start the ride per the time on the schedule and ride the course as given on the cue sheet. The ride captains do have discretion to allow detours or substitution of the ride course, as long as it is substantially similar to the ride.

Also, when approved by the Club President, miles awarded for working special events such as Adopt-the-Highway trash pickup, Harvest Homecoming Bike Tour packet stuffing and the Harvest Homecoming Bike Tour may be included as official club mileage.

*Approved rides include the following categories (By-Laws Article VII):

- B. **Regular Local Rides:** Rides not involving an overnight, published on either Schedule, having a local starting point originating in Clark, Floyd, Scott, Harrison, Washington counties in Indiana and Jefferson County in Kentucky, and having a Club Member designated as Ride Captain are Regular Local Rides. Members completing these rides will earn the mileage listed.
- C. **Overnight Rides:** SIW Members will earn mileage listed for scheduled Overnight Rides starting in the local area. To get mileage credit for the return trip, it must be ridden after an overnight.
- D. **Out-of-Town Rides:** For scheduled rides that do not fit B, or C above and are attended by five (5) or more SIW Members, mileage credit will be earned for actual miles ridden.

Mileage Awarded in Increment Weather, Rainout, or for a Shortened Ride (By-Laws Article VII – A.)

1. **Inclement weather.** If the weather is too unpleasant at ride time, the Ride Captain is not obliged to ride, or even to show up. However, any Member who considers the weather acceptable may earn miles credit by completing the ride at his or her own risk as always, and advising the Statistician. If multiple riders complete such a ride, they should choose a substitute Ride Captain to submit names and mileage to the Statistician.
2. **Rainout.** If Members have shown up to participate in a Club ride, and by ride time it has begun to rain, any rider who chooses to abandon the ride will earn 10 miles credit for being there. Any rider who chooses to ride in the rain, at his or her own risk as always, and completes the ride, will earn scheduled miles credit.
3. **Shortened ride.** If weather conditions worsen during a ride, riders who abandon will get “shortened ride” credit. Further, regardless of weather, an illness, an accident, or irreparable damage to a bicycle may force a rider to abandon a ride. In any of these cases, the Member earns credit for 50% of the listed mileage if half or less of the ride is completed, or full listed mileage if more than half is completed.

Southern Indiana Wheelmen


Event Sign-Up Sheet

I have read, understand and assent to the full "Release and Waiver of Liability, Assumption of Risk, and Indemnity and Parental Consent Agreement" as found on the club web site at www.siwheelmen.org/waiver.htm. This waiver is summarized as follows: I do hereby, for myself, my family, my heirs, executors, or administrators, release and forever, discharge any and all rights and claims, for, or to be, for which I or members of my family may have or which may hereinafter accrue to me or my family against the **Southern Indiana Wheelmen Bicycle Association, Inc. ("SIW")**, and/or any other persons connected with the scheduled club activities, individually or collectively, for all responsibility for injury to persons and damage to property during these activities.

- Cyclists are required to wear a CPSC-approved helmet on all club rides.
- Cyclists are expected to know and adhere to all rules of the road, and to exercise their rights to the road in a responsible manner at all times.

Ride Captain: _____ RC Phone #: _____

Starting Point: _____ Date: _____

	 NAME (Please sign clearly.)	MILEAGE			PHONE # & E-MAIL if you are NOT a SIW member.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



INCIDENT REPORT FORM FOR BODILY INJURY

American Specialty Insurance & Risk Services, Inc.



Attn: Claims Department

Post Office Box 459

Roanoke, IN 46783

Phone: 800-566-7941 Fax: 260-672-8835

Date of Incident: _____ Time of Incident: _____ AM / PM If injured person is an L.A.B. member, identify: L.A.B. Club Name: _____ Club Address: _____	Does the Injured Person Have Other Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide: Name of company: _____ Policy #: _____
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Injured Person: <input type="checkbox"/> Club Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____ Was the injured person wearing a helmet at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the injured person riding: <input type="checkbox"/> Tandem Bike <input type="checkbox"/> Single Bike	Did This Take Place During: <input type="checkbox"/> Club Ride <input type="checkbox"/> Special Event <input type="checkbox"/> Time Trial <input type="checkbox"/> Race <input type="checkbox"/> Conditioning Event <input type="checkbox"/> Fundraiser If during a Special Event, list name of event: _____ Name of L.A.B. Club putting on the Special Event: _____
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INJURED PERSON INFORMATION			
Last Name	First	Mid.	Telephone Number () <input type="checkbox"/> Single <input type="checkbox"/> Married
Address			Social Security Number:
City			Employer Name:
Age	D.O.B.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Employer Address:
GUARDIAN/PARENT (if injured person is a minor)			
Last Name	First	Mid.	Telephone Number ()
Address		City	State Zip

SUSPECTED PRE-EXISTING CONDITION: Yes No

INCIDENT LOCATION <input type="checkbox"/> Off Road <input type="checkbox"/> City Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Highway <input type="checkbox"/> Registration Area <input type="checkbox"/> Rural Road <input type="checkbox"/> Restrooms/Locker Rooms <input type="checkbox"/> Off Property <input type="checkbox"/> Premises/Grounds <input type="checkbox"/> Rest Stop	INCIDENT <input type="checkbox"/> Assault/Sexual <input type="checkbox"/> Overexertion <input type="checkbox"/> Assault/Non-Sexual <input type="checkbox"/> Eligibility <input type="checkbox"/> Fall (different level) <input type="checkbox"/> Trip/fall <input type="checkbox"/> Fall (same level) <input type="checkbox"/> Slip/fall <input type="checkbox"/> Caught in, on, between <input type="checkbox"/> Slip, bodily reaction <input type="checkbox"/> Animal/Insect Bite/Sting <input type="checkbox"/> Chased by dog <input type="checkbox"/> Collision (with parked car) <input type="checkbox"/> Bit by dog <input type="checkbox"/> Collision (with moving car) <input type="checkbox"/> Collision (with object/animal) <input type="checkbox"/> Collision (participant/participant) <input type="checkbox"/> Collision (participant/pedestrian) <input type="checkbox"/> Struck by falling/flying object <input type="checkbox"/> Auto/property (also complete reverse side of this form)	WEATHER CONDITIONS <input type="checkbox"/> Sunny <input type="checkbox"/> Raining <input type="checkbox"/> Foggy <input type="checkbox"/> Snowing <input type="checkbox"/> Cloudy ROAD CONDITIONS <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Icy ROAD TYPE <input type="checkbox"/> Paved <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel
RIDER ACTIVITY <input type="checkbox"/> Turning right <input type="checkbox"/> Passing <input type="checkbox"/> Turning left <input type="checkbox"/> Intersection <input type="checkbox"/> Being passed <input type="checkbox"/> Straight		
CLASSIFICATION <input type="checkbox"/> Minor injury or illness <input type="checkbox"/> Non-injury <input type="checkbox"/> Serious injury or illness		

PRIMARY INJURY <input type="checkbox"/> Allergy <input type="checkbox"/> Dislocation <input type="checkbox"/> Nausea <input type="checkbox"/> Amputation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Stroke <input type="checkbox"/> Abrasion <input type="checkbox"/> Foreign Body <input type="checkbox"/> Burn <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Death <input type="checkbox"/> Drowning <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Pain <input type="checkbox"/> Hypertension <input type="checkbox"/> Sting/bite <input type="checkbox"/> Illness <input type="checkbox"/> Cold Injury <input type="checkbox"/> Contusion <input type="checkbox"/> Cardiac <input type="checkbox"/> Seizures <input type="checkbox"/> Concussion <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Tooth/Mouth	BODY PARTY INJURED <input type="checkbox"/> Eye (L/R) <input type="checkbox"/> Torso <input type="checkbox"/> Arm (L/R) <input type="checkbox"/> Nose <input type="checkbox"/> Back <input type="checkbox"/> Tooth <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Ear (L/R) <input type="checkbox"/> Leg (L/R) <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Ankle (L/R) <input type="checkbox"/> Internal <input type="checkbox"/> Hip (L/R) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Foot (L/R) <input type="checkbox"/> Elbow (L/R) <input type="checkbox"/> Hand (L/R) <input type="checkbox"/> Wrist (L/R) <input type="checkbox"/> Finger or Toe	DISPOSITION <input type="checkbox"/> Released to parent <input type="checkbox"/> Police <input type="checkbox"/> Refusal of care <input type="checkbox"/> Ambulance <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Report Only <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Continued riding <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle <input type="checkbox"/> Refer to hospital/clinic
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DESCRIBE HOW THE INCIDENT OCCURRED:

WITNESS INFORMATION		
NAME	ADDRESS	TELEPHONE NUMBER
1.		()
2.		()

Signature of Ride Leader or Official (with no relationship to claimant) _____

Date _____ Phone Number _____



INCIDENT REPORT FORM FOR AUTO ACCIDENT AND PROPERTY DAMAGE

American Specialty Insurance & Risk Services, Inc.
Attn: Claims Department
Post Office Box 459
Roanoke, IN 46783
AMERICAN SPECIALTY Phone: 800-566-7941 Fax: 260-672-8835

IF THE INJURY OR PROPERTY DAMAGE WAS THE RESULT OF AN AUTO ACCIDENT, PLEASE COMPLETE THIS SECTION:

PERSON DRIVING THE AUTO: _____ Injured Not injured

Address: _____

OWNER OF THE AUTO: _____

Address: _____

MAKE/MODEL/YEAR OF AUTO: _____

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN THE AUTO:

Name: _____ Injured Not injured

Address: _____

Name: _____ Injured Not injured

Address: _____

NOTE: PLEASE USE THE REVERSE SIDE OF THIS FORM TO PROVIDE INJURY INFORMATION. A LIST OF ALL PASSENGERS AND INJURY INFORMATION FOR ALL INJURED PERSONS SHOULD BE PROVIDED; PLEASE USE ADDITIONAL INCIDENT REPORT FORMS OR SEPARATE SHEETS OF PAPER, IF NECESSARY.

PURPOSE OF TRIP: _____

NAME OF POLICE DEPARTMENT WHICH INVESTIGATED THE ACCIDENT: _____

IF THE ACCIDENT INVOLVED A COLLISION WITH ANOTHER AUTOMOBILE, PLEASE COMPLETE THIS SECTION:

PERSON DRIVING OTHER AUTO: _____ Injured Not-injured

Address: _____

OWNER OF OTHER AUTO: _____

Address: _____

MAKE/MODEL/YEAR OF OTHER AUTO: _____

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN OTHER AUTO:

Name: _____ Injured Not injured

Address: _____

Name: _____ Injured Not injured

Address: _____

(Attach separate sheet of paper, if necessary.)

IF THE ACCIDENT INVOLVED PROPERTY DAMAGE (OTHER THAN AUTOMOBILES), PLEASE COMPLETE THIS SECTION:

If property was damaged, please supply a description of the property and list the owner. (If an auto accident, see above sections.)

Description of property: _____

Description of damage: _____

Owner's name and address: _____

Owner's telephone number: (_____) _____ (day) (_____) _____ (evening)



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INCIDENT REPORTING INSTRUCTIONS

Whenever an Accident Occurs:

An Incident Report form must be completed immediately after an accident occurs and mailed or faxed to American Specialty Insurance & Risk Services, Inc. as indicated below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to initially answer all questions, it is important that the form be completed as fully as possible at the time of the accident. Do not delay sending in the report form; an incomplete form is better than none at all. Be certain to include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions or need assistance regarding the completion of the Incident Report form, please call American Specialty at 1-800-245-2744.

Mail or fax the completed Incident Report to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

Attn: Claims Department
Post Office Box 459
Roanoke, Indiana 46783-0459

Fax: (260) 673-1291

IN ADDITION, IN CASE OF SERIOUS INJURY TO A PARTICIPANT OR A SPECTATOR, it is important that you immediately notify American Specialty by calling 1-800-566-7941 (if after standard business hours, simply follow the automated instructions for emergency claims reporting). This hotline is active 24 hours a day, 365 days a year.