

Delta Pedalers Ride Leader Guidelines

Planning Your Ride

In addition to planning a fun ride, make sure that you also plan a safe ride. Be knowledgeable of the traffic and road conditions along your route, and plan a route that will be safe for your riders. All rides should have a ride description and be posted on the newsletter & website with a clearly designated ride leader who is a current Delta Pedalers Member. If the ride leader can't show up, he/she should ask somebody else to lead the ride. Please inform the substitute ride leader of these guidelines. It is also desirable to provide ride route sheets indicating the names and distance to each of the turns along the ride.

Before the Ride

1. Please fill out & have all riders, members & non members alike, sign the ride sign in sheet before starting the ride. Check the number of riders who have signed the sheet and cross check that with number of riders present. Tell the group we would like all riders to sign the sheet before departure.
2. We can not allow a person without a helmet to sign the roster or obtain a map of the route if he/she is not wearing a helmet.
3. Let the group know that during darkness, our night rides require a headlamp and taillight.
4. As a ride leader, you are the representative of the Delta Pedalers and the first contact that potential new members have with the Club. Be as informative and friendly as possible. Take the time to ride with them and be available to help or answer questions. Your planning, enthusiasm, and leadership on the ride will make the ride more enjoyable for everyone.
5. Assemble the group and introduce yourself. Briefly describe the route, hazards, tricky turns and rest/regroup stops.

During the Ride

1. Carry the ride sign in sheet with you on the ride to have immediate emergency contact numbers in the event of any emergency.
2. Be sensitive to any special needs or medical conditions of your riders to help ensure a safe and fun ride (see attached stroke / heart attack symptom guidelines). In the event that any rider feels ill, or can't continue the ride, ensure that some responsible person is designated to stay with the ill rider until they are able to safely get home by themselves.
3. It is helpful to carry a cell phone in the event you have to call 911, an emergency contact number for some one listed on the ride sign in sheet, and to be an available communicator for a lost or missing rider.
4. If the ride leader does not provide a route sheet he/she should designate him/herself or somebody who knows the route to stay back with the slowest rider.

After the Ride

1. Check the ride sign in sheet for completeness. Add riders to the list who joined in later, make sure the date, title of ride, and your name as ride leader are listed and the correct mileage is recorded.
2. Please scan and e-mail the ride sign in sheets to the ride coordinator, ASAP after the ride. Otherwise, hand deliver or mail the ride sign in sheet to the ride coordinator.
3. Feel free to encourage somebody on the ride or write up a ride report yourself to be submitted for publishing in the newsletter. Just a short story of any interesting events on the ride is all that is needed. You can e-mail your report to the newsletter editor or the ride coordinator.
4. Also feel free to encourage somebody on the ride or yourself to take group pictures and to create an album of the title and date of the ride from the Delta Pedalers Yahoo Group/Photos file folder.

Thank You For Being a Ride Leader

Guidelines to Help Recognize Serious Medical Conditions

Stroke Symptoms

General symptoms of a stroke include:

- Sudden numbness, paralysis, or weakness in face, arm, or leg, especially on only one side of the body.
- New problems with walking or balance.
- Sudden vision changes.
- Drooling or slurred speech.
- New problems speaking or understanding simple statements, or feeling confused.
- A sudden, severe headache that is different from past headaches.

If symptoms of a stroke are observed, seek immediate emergency medical care.

Heart Attack Symptoms

General symptoms of a heart attack include:

- Chest pain is typically the major symptom of heart attack. However, some people may have little or no chest pain, especially the elderly and those with diabetes. This is called a silent heart attack.
- The pain may be felt in only one part of the body or move from the chest to arms, shoulder, neck, teeth, jaw, belly area, or back.
- The pain can be severe or mild. It can feel like:
 - Squeezing or heavy pressure
 - A tight band around the chest
 - Something heavy sitting on your chest
 - Bad indigestion
- Pain usually lasts longer than 20 minutes. Rest and a medicine called nitroglycerine do not completely relieve the pain of a heart attack.

Other symptoms of a heart attack include:

- Shortness of breath
- Nausea or vomiting
- Anxiety
- Cough
- Fainting
- Lightheadedness - dizziness
- Palpitations (feeling like your heart is beating too fast)
- Sweating, which may be extreme

If symptoms of a heart attack are observed, seek immediate emergency medical care.



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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.



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: 260-673-1291

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? Yes No If yes, please provide: Name of company: _____ Policy #: _____
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Injured Person: Club Member Non-Member Participant Volunteer Pedestrian Other _____ Was the injured person wearing a helmet at the time of the accident? Yes No Was the injured person riding: Tandem Bike Single Bike	Did This Take Place During: Club Ride Special Event Time Trial Race Conditioning Event 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 () Single Married
Address Social Security Number:	
City Employer Name:	
Age D.O.B. Male 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	INCIDENT	WEATHER CONDITIONS
Off Road City Street Parking Lot Highway Registration Area Rural Road Restrooms/Locker Rooms Off Property Premises/Grounds Rest Stop	Assault/Sexual Assault/Non-Sexual Fall (different level) Fall (same level) Caught in, on, between Animal/Insect Bite/Sting Collision (with parked car) Collision (with moving car) Collision (with object/animal) Collision (participant/participant) Collision (participant/pedestrian) Struck by falling/flying object Auto/property (also complete reverse side)	Sunny Raining Foggy Snowing Cloudy
RIDER ACTIVITY		ROAD CONDITIONS
Turning right Passing Turning left Intersection Being passed Straight		Wet Dry Icy
CLASSIFICATION		ROAD TYPE
Minor injury or illness Non-injury Serious injury or illness		Paved Dirt Gravel
PRIMARY INJURY	BODY PARTY INJURED	DISPOSITION
Allergy Dislocation Nausea Amputation Electrical Shock Stroke Abrasion Foreign Body Burn Laceration Fracture Death Drowning Heat Exhaustion Pain Hypertension Sting/bite Illness Cold Injury Contusion Cardiac Seizures Concussion Strain/Sprain Tooth/Mouth	Eye (L/R) Torso Arm (L/R) Nose Back Tooth Neck Face Head Ear (L/R) Leg (L/R) Knee (L/R) Ankle (L/R) Internal Hip (L/R) Shoulder (L/R) Foot (L/R) Elbow (L/R) Hand (L/R) Wrist (L/R) Finger or Toe	Released to parent Police Refusal of care Ambulance Refer to doctor Report Only Medical attention EMS transport Continued riding Patient requested EMS transport Released to personal vehicle Refer to hospital/clinic

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 _____

**AMERICAN SPECIALTY
EMERGENCY CLAIMS SERVICE**

**1-800-566-7941
(24-Hours/7-Days a Week)**

For All Claims Emergencies

Please immediately report by **PHONE** all incidents that **result in serious injury or death.**

Please complete an Incident Report form for **ANY** incident that results in death, serious injury and/or bodily injury, automobile, or property damage, and forward via mail or fax the completed form to:

**American Specialty Insurance & Risk Services, Inc.
Post Office Box 459
Roanoke, IN 46783-0459
Fax: (260) 673-1291**