



IDENTIFY • ADAPT • ADVOCATE

WWW.SP-AUTISM.ORG

# PROGRAM REGISTRATION

<b>Program Name:</b>	Summer Camp 2017
<b>Program Dates:</b>	May 30 to Aug. 9 (Weekdays)
<b>Program Times:</b>	Open 8:30 am to 5:30 pm, Families choose hours
<b>Program Location:</b>	YMCA Central Campus • 5175 45th Street N; St. Petersburg, FL 33714
<b>Program Notes:</b>	Tuition is \$150

## PARTICIPANT INFORMATION

<b>First Name:</b>		<b>Middle:</b>		<b>Last:</b>	
<b>Name Participant likes to be called:</b>				<b>Gender:</b>	
<b>School:</b>		<b>Grade:</b>		<b>Teacher:</b>	
<b>Birth Date:</b>		<b>Age:</b>		<b>Shirt Size:</b>	
<b>Address:</b>			<b>City:</b>		
<b>State:</b>		<b>Zip:</b>		<b>1st Phone:</b>	

## PARTICIPANT SUPPORT PROFILE (WE NEED THIS INFO IF YOUR CHILD WILL NOT HAVE A SUPPORT PERSON DURING THE EVENT)

<b>Medical Diagnoses:</b>		<b>Academic Diagnoses:</b>	
<b>Primary Doctor:</b>		<b>Doctor's Phone:</b>	
<b>Allergies:</b>			
<b>Food Sensitivites:</b>			
<b>Medications*:</b>			
<b>Sensory Issues:</b>			
<b>Bolting/Eloping</b>			
<b>Resistance Behaviors:</b>			
<b>Stims:</b>			
<b>Injurious Behaviors:</b>			
<b>Meltdowns:</b>			
<b>Triggers/Warning Signs:</b>			
<b>Other Notes:</b>			

PRIMARY CAREGIVER					
First Name:		Middle:		Last:	
Relationship:				Phone 1:	
Phone 2:				Email:	
Address:				City:	
State:		Zip:		May Sign Child In/Out:	Yes: _____

SECONDARY CAREGIVER					
First Name:		Middle:		Last:	
Relationship:				Phone 1:	
Phone 2:				Email:	
Address:				City:	
State:		Zip:		May Sign Child In/Out:	_____

EMERGENCY CONTACT (IF PRIMARY OR SECONDARY CANNOT BE REACHED)					
First Name:		Middle:		Last:	
Relationship:				Phone 1:	
Phone 2:				Email:	
Address:				City:	
State:		Zip:		May Sign Child In/Out:	_____

PARTICIPANT SUPPORT (THERAPIST, FAMILY MEMBER, FRIEND ATTENDING WITH PARTICIPANT)					
First Name:		Middle:		Last:	
Relationship:				Phone 1:	
Phone 2:				Email:	
Address:				City:	
State:		Zip:		May Sign Child In/Out:	_____

\*The South Pinellas Autism Project and its volunteers will not administer medication nor provide any medical service beyond first aid. If there is a medical emergency, we will call 911 and then the contacts on this form. None of the volunteers at the event are medically trained. Caregivers and Participant Support Providers are assumed by SPAP and its volunteers to be responsible adults and capable of administering medication and assisting a participant with any self-care needs. Drop-Ins must be accompanied by a parent of a Participant Support Person. Participant Support Persons are considered volunteers for all campers other than the child they are supporting. To sign out a child, all persons on this form must have a photo ID with an address matching the address on this form.

## LIABILITY RELEASE AND INFORMED CONSENT

All events hosted by the South Pinellas Autism Project, Inc. (SPAP), including but not limited to the “SPAP Summer Camp,” are staffed by volunteers and offered free of charge. I understand that none of the SPAP Volunteers is medically trained, and the SPAP Volunteers do not treat medical issues or emergencies beyond calling 911 and beyond providing basic first aid. I also understand the venues for SPAP events are selected based on SPAP’s experience in serving children with Autism Spectrum Disorder, but the Parents, Caregivers and Support Persons for my child (a Program Participant) have the ultimate responsibility for a Participant’s safety and well being at all times, regardless of whether Caregivers and Support Persons are physically present with the participant. I agree to hold harmless from liability for any accident or injury that a participant may receive/experience at an SPAP event. Further, I agree to hold harmless from liability SPAP officers and directors, SPAP Volunteers, and the corporations and staff of any venue hosting an SPAP event. Children with Autism sometimes display behaviors that can injure other people or be self-injurious. I understand that as a symptom of autism, my child (the participant) may injure him or herself or be injured by another child. I understand, I have the opportunity to participate with my child (the participant) at any time, and I have the option of having a Support Person attend any SPAP event with my child (the participant). Children with Autism sometimes have sensory issues, food sensitivities or allergies and even seizures. SPAP volunteers are either parents of children with autism or professionals who serve children with autism in their career. SPAP volunteers will use common sense and their experience with participants, but every SPAP volunteer is donating his or her time. I understand SPAP Volunteers will be working with participants as unpaid SPAP Volunteers and not in a professional capacity as they might if they were providing a service for a fee. As the Primary Caregiver for a Participant, I am ultimately responsible for my child (the participant’s) well being and safety. I have had an opportunity to communicate all issues and concerns about my child to the volunteers, and I choose to let my child be a participant with all the risks known and unknown that might emerge.

Participant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## MEDIA RELEASE AND CONSENT

I understand that the South Pinellas Autism Project, Inc., will be taking photos, videos and sound recordings (“media”) at its events for marketing and publicity purposes. I consent to the publication of this “media” in print and on the internet. This consent is for both me and my child (the participant). I can request that a particular piece of media not be used by contacting the SPAP Executive Director as soon as possible; and while SPAP will do its best to remove the media from public view, we cannot guarantee its removal, particularly if it’s in print or it has been cataloged by a web search engine or web archive. I understand that by participating in SPAP events, my image and likeness and that of my child may be published.

Participant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_