

PARTICIPANT INFORMATION

Name Birth Date: Male Female

CARD Coordinator Program:

PARENT/GUARDIAN INFORMATION

Name: Home Phone: Cell Phone: Work Phone: Email: Address: City, State, Zip: Name: Home Phone: Cell Phone: Work Phone: Email: Address: City, State, Zip:

MEDICAL INFORMATION

Does participant have physical restrictions/limitations? Yes No If yes, what:
Is participant subject to seizures? Yes No Type Frequency:
Other special Conditions:
Allergies to drugs, foods, other? Yes No If yes, what:
Is participant on a special diet? Yes No If yes, please explain:
Does participant take any medications Yes No If yes, please list medications:

EMERGENCY CONTACT INFORMATION

1. Name: Relationship:
Work Phone: Home Phone: Cell Phone:

2. Name: Relationship:
Work Phone: Home Phone: Cell Phone:

If there is an emergency, the facilitator/coordinator will attempt to contact the above numbers. If the contacts cannot be reached emergency based action will take place if deemed necessary by the facilitator/coordinator.

PARTICIPANT INSURANCE INFORMATION:

Name of Insurance:
Name of Policy Holder:
Group #: Policy #:
Phone:

Participant does not have insurance and it is understood and if emergency occurs and emergency based action takes place it will be at our expense. Initials

INDIVIDUALS PERMITTED TO PICK PARTICIPANT UP

1. Name: Phone
2. Name: Phone

Name Birth Date: Male Female

HOBBIES & INTERESTS:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

MAJOR DISLIKES OR TRIGGERS:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

FEARS - List things that participant is very afraid of. (Examples: Loud noises, bright lights, etc.)

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

In order for our experienced staff to safely support and manage participants during group times, **all of his/her current or potential behaviors that may adversely affect him/her or others, **must** be identified.*

Behaviors: List any behaviors that may occur during group times:

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WHAT PARTICIPANTS NEED TO BRING

Participants need to bring money for meal/beverages/activity, information that they wish to share with other group members, and a willingness to participate in group activities

DO NOT BRING!

Participants should **not bring** the following items to groups: Glass containers, pets, personal toys, iPods, electronics of any kind, except cell phone, which will be put away by leader during meetings, weapons of **any kind**.

RULES FOR PARTICIPATION

By checking off each box it states you have read this, understand it and will adhere to it.

- During the scheduled group time, we ask that only participants join the group- parents & guardians will NOT be permitted to participate in, or monitor the group activities.
- Arrive on time. Most gatherings will start at 6:30 but check activity calendar for special outing start times.
- Group discussions are considered confidential.
- Activities requiring funding or transportation is solely the responsibly of participants.
- Facilitators will not be allowed to transport participants at any time.
- This is a social group, issues deemed to require counseling will not be discussed.
- Participants may be dismissed for not being respectful to other members.
- Participants are not required to participate in all activities if may cause trauma or due to a medical issue.
- Every 4-6 months, new groups will be formed. Past participants may be encouraged to continue their social networks & activities independently.
- High school graduates will be transitioned to one of our adult groups.

RELEASE OF LIABILITY, AGREEMENT TO INDEMNITY, AND ASSUMPTION TO RISK

In consideration for being permitted to participate in this group/program my child or self, participating in an event, and our respective personal representatives, heirs, executors, next of kin, and assignees, hereby acknowledge and agree that we:

1. Release, waive, and discharge PALS, UCF-Center for Autism & Related Disabilities, its predecessors, successors, assignees and assignors, officers, directors, employees, volunteers, agents, and other representatives from all liability, claims, demands, or causes of action for any and all loss, damage, or injury to person or property resulting from or relating in any manner whatsoever to any negligence, act, or omission by PALS.
2. I further agree to indemnify and hold harmless PALS and others listed above for any and all claims arising as a result of my participation in this activity or any activities incidental thereto, wherever, whenever, or however the same may occur.
3. I understand that participation in the activities may involve certain risks. In addition, I understand that participation in the group may involve activities incidental thereto, including, but not limited to, the possible reckless conduct of other participants. My child or self am voluntarily participating with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.
4. I understand that I am solely responsible for my child's/self, health and safety, and I acknowledge that I am and they are physically capable of participating in the group.
5. I understand that PALS holds public events and that the agencies cannot limit photography by participants and that photographs/video taken may appear in media coverage, education and promotional materials, personal websites, and internet based social networking groups now and forever.
6. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and am signing of my own free will. I have carefully read this Waiver and Release and fully understand its contents.
- 7.

I ACCEPT By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Participant signature

(if under 18 years of age parent or guardian MUST sign)

Parent/Guardian Signature:

Printed Name of Parent/Guardian:

Date:

No admittance without signed release form on file