



"for teens and young adults"

Participants Full Name: _____

ABOUT THE PROGRAM

Adventures with Asperger's (AwA) is a social recreation program designed to target social skills and teach teens and young adults with Asperger's Syndrome how to be flexible thinkers, problem solvers, and effective collaborators while developing friendships and self initiation. This CARD program is under the auspices of PALS (Providing Autism Links and Supports), a non-profit group that supports services for constituents of the UCF Center for Autism and Related Disabilities(UCF CARD). The bulk of this program will happen in the community, and any behavior that will cause the group to be dismissed from a community location cannot be tolerated. Participants with AS must be registered with the UCF Center for Autism and Related Disabilities.

GROUNDINGS FOR DISMISSAL FROM AwA

The effectiveness of the program will depend on cooperation of participants that can benefit from this higher-level social thinking curriculum. Not all individuals will be ready for this program at this time. Please read the description carefully and honestly consider if the individual meets the criteria stated. Dismissal from the Adventures with AS program may occur for any registrant/child if the AwA staff, using positive behavior support strategies, determines that the adult-individual ratio cannot support the safety of the participant or group.

***It is critical that the/your registrant/child is motivated to attend this program. Applicants who do not want to attend will not benefit from these services.**

TRANSPORTATION

Public transportation may be used during AwA. The goal is to teach individuals how to navigate public transportation and travel in a group. Individuals will be with staff at all times during public transportation.

DO NOT BRING!

Participants **must not bring** the following items to the program: glass containers, personal toys, iPods, electronic games, or weapons of **any kind**.

SNACKS & DRINKS

- Each registrant/child needs to bring their own lunch for days suggested and snacks or sufficient funds to purchase food.
- All food must be non-refrigerated food (Food will be stored indoors, but you may want to supplement with an ice pack).
- No microwaveable food items.
- Pack utensils and napkins.
- Extra drinks*

LOCATION / HOURS/DATES

Location: Adventures with AS **will meet at various community locations to begin and end their day of adventures. It is important to note on the schedule the date/day drop-off and pick-up location. If you arrive late for drop off you may miss the group. If you arrive late for pickup you will be responsible for paying the facilitators for over-time.**

Hours: varies each day: **IMPORTANT CHECK THE EMAIL**

Days: Monday thru Friday

Times: 10am-4pm

Dates: Sanford/Deland	June 19-June 23, 2017
UCF/I Drive	July 17-July 21, 2017
I Drive/Downtown	July 31-August 04, 2017

No early drop off or late pickup. It is critical to be on time for drop off as we will be using public transportation and will not be able to wait for tardy participants or we will lose a significant portion of activity time.

Participants Full Name: _____

Adventures with AS 2017

Name of Registrant: _____ Birth Date: _____ Male Female

Parent/Guardian Information

Name _____	Name _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Cell/Pager _____	Cell/Pager _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____

Medical Background: Please see our policy on medical treatments

Physician's Name: _____ Phone: _____

Does the individual have an AS diagnosis? Yes No If no, what diagnosis: _____

Group may have to walk a total of two miles on some days. Does individual have physical limitations? Yes No
If yes, what: _____

Is the individual subject to seizures? Yes No Type: _____ Frequency: _____

Other special conditions: _____

Allergies to drugs, foods, insects? Yes No If yes, what: _____

Is individual on special diet? Yes No If yes, please explain: _____

Is individual taking medication? Yes No **NOTE: If yes, please complete and sign the Medication Release in this packet**

Last tetanus shot date: ___/___/___ Medical Insurance Company for Individual: _____

Insurance Company Phone: _____ Policy Number: _____

Name of Insured for policy: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

PEOPLE PERMITTED TO PICK UP INDIVIDUAL

1. Name: _____ Phone _____

2. Name: _____ Phone _____

Participants Full Name: _____

STOP the next 2 pages must be done in front of a notary.

Release Forms

Must be signed and dated in front of a notary and notarized. Applications without a notary will not be accepted.

I understand registrations may be submitted by mail or in person, and registrations by telephone will not be accepted. I understand that to register I must complete the Enrollment Application and send applicable fees. (Incomplete applications and/or applications without proper fees will not be accepted.) I understand payments will be processed as they are received on a first come first serve basis, but this does not guarantee placement for my child. I understand there must be at least 4 participants on any day for it to happen. I will be notified at least 72 hours prior.. I understand there is no cancellation policy and no refunds will be made after I've booked. I understand that if my child cannot be served at the program due to behaviors that may present a danger to self or others or that cannot be managed by staff, a refund check for any remaining time will be issued. I am aware this program is not a County Public School program.

I hereby give my consent for _____ to participate in Camp TWO-CAN.
Child's name

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN
READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PALS/UCF CARD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PALS/UCF CARD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PALS/UCF CARD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, the undersigned, assume all risks and hazards of the conduct of the program. In case of the unlikely event my child should be injured during this PALS subsidized program, I do hereby waive all claims or legal actions, financial, or otherwise against UCF Center for Autism and Related Disabilities (CARD), Providing Autism Links & Support (PALS), their elected officials, and employees, the hosting entity, supervisors, or any volunteer connected with the program and hold them harmless of indemnification. In absence of a signature, participation in the program shall constitute acceptance of the conditions set forth in the release.

Participants Full Name: _____

I DO grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

The Program, PALS and CARD are not responsible for items brought from home. For the safety of your child, please have your child prepared for activities (e.g. no sandals, flip-flops, or open toed shoes). Please make sure that your child wears clothing that is secure since many activities require a high level of energy (e.g. running, hopping, etc.) and for protection.

I understand that my child (or self) may be dismissed from participation and I agree to remove my child (or self) within one hour of being notified of any violation of the Program Code of Conduct.

Participant's Parent/Guardian _____ Date _____

TRAVEL RELEASE

I hereby grant permission for the above stated participant to travel on public transportation to various locations. I understand that PALS personnel will provide supervision during transportation, and that one on one staffing is not possible. I also understand no refunds will be provided for days on which my child has missed the group due to tardiness.

Participant's Parent/Guardian _____ Date _____

SWIM RELEASE

I hereby grant permission for the above stated participant to swim in a community pool and or lake. .

Participant's Parent/Guardian _____ Date _____

Medication must be provided in its original container from pharmacy with dosage amount, directions and prescribing physician name. If not, medication will not be administered.

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2017 by

_____ who is personally known to me and/or produced _____ as identification and did/(not) take an oath.

Notary

Please make a photocopy of this completed application for your file.

Original notarized application and Registration/Payment forms must be returned to:

PALS

P. O. Box 781458

Orlando, FL 32878-1458

Ph: 407-823-6011 or 888-558-1908

Fax: 407-823-6012 Email: pals.florida@gmail.com

Participants Full Name: _____

Name of Participant: _____ Birth Date: _____ Male Female

PAYMENT FORM

Please select the dates and total at the bottom

June 19-23, 2017 Sanford-Deland Area							select here
MONDAY June 19, 2017	ZOMANIA	Sanford Zoo. Zoom Air Adventure Park	10am	4pm	\$70		
TUESDAY JUNE 20, 2017	ON THE RIVER	Cruise and discover the St. Johns river with lunch followed by a scavenger hunt	10am	4pm	\$55		
WEDNESDAY JUNE 21, 2016	YOU CAN'T ESCAPE HISTORY	Escape Artists. Lunch. Museum	10am	4pm	\$55		
THURSDAY JUNE 22, 2017	MUREAL MUREAL ON THE WALL	Deland art tour with interactive games and lunch	11am	4pm	\$40		
FRIDAY JUNE 23, 2017	RIDE THE RAIL WINTER PARK FLING	Travel Sunrail to Winter park – swimming fun and lunch	11am	4pm	\$50		
FULL WEEK					\$240		
July 17-21, 2017 I Drive-East Orlando							
MONDAY JULY 17, 2017	I DRIVE DOMINATION	Ripley's Believe it or Not. Kings Bowling	10am	4pm	\$50		
TUESDAY JULY 18, 2017	EAST ORLANDO	Congo River Golf. UCF campus tour & scavenger hunt	10am	4pm	\$35		
WEDNESDAY JULY 19, 2017	MAGICAL MOMENTS TO GO	Coco Key. Magical Midway	10am	4pm	\$60		
THURSDAY JULY 20, 2017	STRIKE&ROLL OUT ZOMPIES	Boardwalk Bowl. Zombies game. Astro Roller Skating	10am	4pm	\$55		
FRIDAY, JULY 21, 2017	EYE OF THE DRIVE	Orlando Eye. Madame Tussauds. Sea Life	10am	4pm	\$60		
FULL WEEK					\$210		
July 31- Aug 04, 2017 I Drive-Downtown							
MONDAY JULY 31, 2017	I DRIVE FAVORITES	Wonderworks. Laser. Dave & Busters	10am	4pm	\$55		
TUESDAY AUG 01, 2017	CURIOUS & CULTURAL ADVENTURE	Science Center- Museum of Art	10am	4pm	\$45		
WEDNESDAY AUG 02, 2017	WATERFORD MADNESS	Firkin & Kegler. Movie	10am	4pm	\$40		
THURSDAY AUG 03, 2017	O TOWN DOWNTOWN	World of Chocolate. Escapology	10am	4pm	\$70		
FRIDAY AUG 04, 2017	SWIM WITH THE FISHES	Aquatic- need we say more	10am	4pm	\$80		
FULL WEEK					\$240		
TOTAL					\$		

