



UNIVERSITY OF CENTRAL FLORIDA

Center for Autism and Related Disabilities



PROVIDING AUTISM LINKS & SUPPORT

The University of Central Florida Center for Autism and Related Disabilities (UCF-CARD) and their supporting nonprofit Providing Autism Links & Support, Inc. (PALS) is located at UCF in Orlando and must comply with all UCF policies and procedures for programs provided.

The university hosts a variety of academic, recreational, and service programs that engage non-enrolled minors. All programs vary significantly, and UCF is committed to providing a safe and healthy environment for all programs associated with the university. The Youth Protection Program sets forth standards and expectations for providing a safe environment for all minors and to ensure all persons understand how to minimize the threat of child abuse and neglect, recognize the signs of child abuse and neglect, and respond promptly and effectively should child abuse and neglect be observed, suspected, or disclosed.

You are seeking to enroll your child into a UCF-CARD program supported by PALS. A new application will be required each semester. Please note that some things within the form are now required by the state of Florida and depict the size of font used in comparison to other forms such as the waiver. If you have questions concerning the waiver it can be found on line at [Florida Statute 744.301](#).

All forms must be filled out in full for consideration for your child to participate in the program. Please provide as much information as possible in sections the sections for likes/dislikes/triggers/fears/behaviors. The more the staff knows about your child prior to the program beginning the better the success for all will be.

If you have any questions or concerns feel free to contact Judee Samuels at judee.samuels@ucf.edu or Kennedy Martin at kennedi.pals.florida@gmail.com

Thank you.

UCF CARD and their supporting nonprofit PALS



Date:

UNIVERSITY OF CENTRAL FLORIDA

Youth Protection Program

Program/Activity Information:

Name: _____

Date(s): _____

County: _____

Participant Information:

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone: _____ Email: _____

Date of Birth: _____ UCF CARD Coordinator: _____

Parent/Guardian Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

HOBBIES & INTERESTS:

MAJOR DISLIKES OR TRIGGERS:

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

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:

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**.

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

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.

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.

Print Parent/Guardian Name:_____

Parent/Guardian Signature:_____ Date:_____



UNIVERSITY OF CENTRAL FLORIDA

Youth Protection Program

Photo Release

_____ Yes, I (parent/guardian name) _____, the parent and/or legal guardian of the Participant, (participant's name) _____, hereby give the University of Central Florida, the University of Central Florida Board of Trustees, Center for Autism & Related Disabilities, and Providing Autism Links & Support, the right and permission to use, reproduce, edit, exhibit, project, display, record, copyright and/or publish my/my child's images, likeness, and voice in the whole or in part, on any materials developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses, and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I also understand that I will receive no compensation in connection with the use of my/my child's image. I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to indemnify and hold harmless the University of Central Florida, the University of Central Florida Board of Trustees, the Center for Autism & Related Disabilities, Providing Autism Links & Support, the State of Florida and the Florida Board of Governors and their respective employees, officers, agents, volunteers, licensees, successors, legal representatives and assignees ("Releasees") from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the Releasees shall not be responsible for any use of such image, likeness or recording by any third party accessing it through the Internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



UNIVERSITY OF CENTRAL FLORIDA

Youth Protection Program Participant and Parent Code of Conduct

Participant Name: _____

Parent/Guardian Name: _____

Program/Activity Name: _____

This Code of Conduct is to ensure the safety and well-being of all participants in a Program/Activity (1) offered by departments or units of the university at a university facility or sponsored by the university at other locations, and/or (2) offered by Third Parties, to include UCF registered student organizations, utilizing a university facility. It applies to all program participants including minors and parents/guardians.

Requirements:

- Respect and adhere to Program/Activity rules and guidelines including all those specific to this event or activity. (Attached)
- Follow all instructions and directives given by Program/Activity Staff.
- Act in a courteous manner and treat participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion, which welcomes involvement of participants from all backgrounds.
- Obey university policies and local, state, and federal laws.

When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all Program/Activity participants and staff. Failing to adhere to this Code of Conduct may result in removal from the Program/Activity and/or prohibition to register for future Programs/Activities offered at or by the University of Central Florida.

PARENT/GUARDIAN & PARTICIPANT ACKNOWLEDGEMENT AND AGREEMENT

I understand that as a condition for participating in the Program/Activity I must comply with the Program/Activity's rules and standards of conduct and follow all reasonable direction of the Program/Activity Staff. Failure to comply with the Program/Activity's rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my being dismissed from the Program/Activity and impact my ability to participate in future Programs/Activities.

Parent/Guardian Signature

Date



UNIVERSITY OF CENTRAL FLORIDA
Youth Protection Program
Medical Information and Authorization for Medical Care

Program/Activity Name _____

Today's Date: ____/____/____

Basic Personal Information (please print)

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Height: _____ Weight: _____

Emergency Contact Information

Person to contact in case of emergency: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Family Physician: _____ Phone Number: _____

Insurance Provider: _____ Phone Number: _____

Insurance subscriber name: _____

Group Number: _____ Policy Number: _____

(Note: UCF does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

Alternate person to contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has: (Ex. medications, stings, food, iodine, latex, etc.)

List any medications your child is currently taking, the purpose, dosage, and times taken:

Does your child need any accommodations to safely participate in the program/activity? If yes, please explain:

Does your child require any assistance with his or her medications? If so, please explain:

Authorization for Medical Care

I understand that my child is voluntarily participating in a University of Central Florida Program/Activity. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the Program/Activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this Program/Activity. I agree to notify the Program/Activity of any changes in my child's mental, physical, or medical condition before the Program/Activity begins.

I understand that the University of Central Florida does NOT provide medical insurance for my child and that I am responsible for providing my own insurance. I should consult my child's physician before allowing my child to participate in this Program/Activity. In the case of accident or illness, I hereby authorize the Program/Activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hereby agree to indemnify and hold harmless the Program/Activity, the University of Central Florida, the University of Central Florida Board of Trustees, the State of Florida and Florida Board of Governors and their respective employees, agents, officers, volunteers and servants from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment or other actions by UCF and its employees, agents, officers, volunteers and servants relating thereto. I acknowledge that I am solely responsible for any hospital, physician or other costs arising out of any bodily injury or property damage sustained by my child or through my child's participation in such voluntary Program/Activity.

Name of Participant: _____ Date: ____/____/____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____



UNIVERSITY OF CENTRAL FLORIDA

Youth Protection Program Pick Up Authorization

Program/Activity Name _____

Personal Information (please print)

Child's Name: _____ DOB: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alternate Number: _____

Please select the appropriate authorization below:

I. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. **The above-named child will not be permitted to leave the program/activity with anyone who is not listed below.** Authorized individuals must pick up the child in person and may be requested to show identification to program/activity staff. Children will not be released to persons who fail to provide acceptable identification upon request.

☐ I authorize the following responsible persons to pick up my child from the program/activity (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by the designated times. If none of the authorized persons listed above are able to be reached, program/activity members will contact the local police department as a last resort to take your child home.

II. Unauthorized Pick Up – Please specify any individuals who are not authorized to pick up your child.

Unauthorized Person

Relationship to Child

III. Authorized Dismissal

☐

My child is at least 16 years of age and will be responsible for her/his own transportation to and from the program. My child may sign herself/himself out at the end of the program/activity.

Signature of Parent/Guardian: _____

Print Parent/Guardian Name*: _____

Date:_____

*Please note that only the enrolling parent/guardian will be permitted to complete this form.