

Participants Full Name _____

Adventures with Autism Application

About the Program

Adventures with Autism (AWA) is a social recreation program designed to target social skills and life skills by teaching teens with ASD how to be flexible thinkers, problem solvers, and effective collaborators while developing friendships and self-initiation. The bulk of this program will happen in the community. Participants must be registered with the UCF Center for Autism and Related Disabilities.

Grounds 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 Autism 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 always with staff during public transportation.

Do Not Bring!

Participants must not bring the following items to the program: glass containers, personal toys, 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*

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Location/Hours/Dates

Location: Adventures with Autism 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.

Hours: Varies each day. Please keep an eye on the schedule and check your emails daily for important information / weather changes

Days: Monday thru Friday

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.

Schedule

Week 1: East Orange and Seminole County (Altamonte, Lake Mary, Waterford, Oviedo, Winter Park) (June 3-7)

Week 2: Sandford/Orange City/Wekiva (June 10-14)

Week 3: I-Drive Area (July 8-12)

Approval

Thank you for applying for your teen to attend Adventures with Autism. This camp requires that the teen be approved by a UCF Center for Autism and Related Disabilities (UCF CARD) and PALS team. We will review your application and confirm your teens enrollment in the camp. If your child is not approved for any reason, we will call to explain any steps you may need to take for approval or other opportunities your child can take for the summer with CARD/PALS.

____ Initial here if you agree to the following statement: I understand that this is an application, and I will receive an email or phone call within 5 business days from submitting this application to confirm my child has been enrolled in the camp. I will wait 5 business days before reaching out to PALS to inquire about the status of my application. I can email info@pals-ucfcard.org with any questions or concerns regarding my application.

Cost

____ Initial here if you understand the following statement: I understand that the cost of each day is solely the cost of the event fee's. There are other costs associated with this camp including but not limited to the facilitators admission costs, facilitators time and pay, travel costs, etc. PALS has subsidized the cost of everything else, so families only pay the event fees.

Participants Full Name _____

Name of Participant: _____ Birth Date _____ Male _____ Female _____

Parent/Guardian Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Medical Background:

Physician's Name: _____ Phone: _____

Camp may have to walk a total of 2 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 conditions to note: _____

Allergies to medicine, food, insects? ___ yes ___ no If yes, what: _____

Is the individual on a special diet? ___ yes ___ no If yes, please explain: _____

Is the individual taking medication ___ yes ___ no

Medical insurance company: _____ Insurance Company Phone: _____

Insurance policy number: _____ Name of Insured for Policy: _____

Emergency Contacts (other than parents):

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Cell Phone: _____ Cell Phone: _____

Parents on file and emergency contacts on file are permitted to pick up the participant ___ yes ___ no

Other people permitted to pick up the participant

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Cell Phone: _____ Cell Phone: _____

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Major Dislikes

List things that the participant does not like or avoids. Examples: loud noises, water, sand, dirt, etc.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Fears

List things that the participant is very afraid of. Examples: Animals, bad weather, etc.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

In order for our experienced staff to safely support and manage the individual at Adventures with Autism, all of the individuals current or potential behaviors that may adversely affect them or others, must be identified.

Behaviors

List any behaviors that may occur at Adventures with Autism
