Real Autism Difference

To enroll, registration form along with	1100pilo Gai G 11=GiG 1117 11	ION FORM - School Ye	ai 2010-2019	
	th proof of payment MUST be	submitted to Real Autism D	ifference prior to atter	ndance.
School Site:	Grade:		Date of Birth:	
Participant First & Last Name:	Age:		Sex:	
Address: Ar	pt.# City:		Zip:	Phone:
Address.	July.		Σip.	Thone.
Note: ONLY one registration form is	permitted for each child. (In jo	oint custody situations BOT	H GUARDIANS MUST	BE LISTED)
PARENT/GUARDIAN #1	Relationship to participant:		Cell Phone:	
Street Address (If different from participant)		Alternate Phone:		
, , , , , , , , , , , , , , , , , , , ,				
5 1 N	Employer Phone:		E-mail Address:	
Employer Name:	Employer Friorie.		E-IIIdii Addiess.	
PARENT/GUARDIAN #2	Relationship to participant:		Cell Phone:	
TAKENT/OOANDIAN IIE	reductions to participant.		Con i none.	
Street Address (If different from participant)		Alternate Phone:		
(p p)				
	15 : 8		T.E. TALL	
Employer Name:	Employer Phone:		E-mail Address:	
EMERGENCY CONTACT / AUTHORIZED T	TO PICK UP PARTICIPANT (Someo	one other than parent/guardian):		
Name:				
Relationship:	Phone #1:		Phone #2:	
Name:				
Relationship:	Phone #1:		Phone #2:	
MEDICATION:	NO		YES (If yes, please list in	n the space below)
ANY ALL EDGIES/UE ALTILISCUES				
ANY ALLERGIES/HEALTH ISSUES:				
ANY ALLERGIES/HEALTH ISSUES:				
XXRegistration Form Up	dates: I understand that the only p	person(s) authorized to make ch	nanges to this form are th	e Parent/Guardian(s) who have
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RELEASE OF LIABILITY

READ CAREFULLY -THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Respite Care organized by Making a Real Autism Difference, of 10624 S Eastern Ave #A-425, Henderson, Nevada, 89052 and/or use of the property, facilities and services of Making a Real Autism Difference, I agree for myself and (if applicable) for the members of my family, to the following:

- 1. AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Making a Real Autism Difference, or the employees, representatives or agents of Making a Real Autism Difference.
- 2. ASSUMPTION OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Making a Real Autism Difference for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Making a Real Autism Difference, whether caused by the fault of myself, my family, Making a Real Autism Difference or other third parties.
- 3. INDEMNIFICATION. I agree to indemnify and defend Making a Real Autism Difference against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Making a Real Autism Difference.

______, in the activity of Respite Care, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of ______.

6. MEDICAL AUTHORIZATION. In the event of an injury to the above minor during the above described activities, I give my permission to Making a Real Autism Difference or to the employees,

representatives or agents of Making a Real	Autism Difference to arrange for all necessary medical
treatment for	which I shall be financially responsible. This temporary
authority will begin on	and will remain in effect until terminated in writing by the
undersigned or when the above described a	activities are completed. Making a Real Autism Difference
shall have the following powers:	

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital; The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in an emergency situation; and
 - c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.
- 7. APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under Nevada law.
- 8. NO DURESS. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Making a Real Autism Difference has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.
- 9. ARM'S LENGTH AGREEMENT. This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
- 10. ENFORCEABILITY. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of

such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

11. DISPUTE RESOLUTION. The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this Agreement will be resolved by binding arbitration under the rules of the American Arbitration Association. The arbitrator's award will be final, and any judgment may be entered upon it by any court having proper jurisdiction.

12. EMERGENCY CONTACT. In case	of an emergency, please	call
(Relationship:	_) at	(Day), or
(Evening).		
I HAVE READ THIS DOCUMENT ANI	O UNDERSTAND IT. I FURT	THER
UNDERSTAND THAT BY SIGNING TI	HIS RELEASE, I VOLUNTAR	RILY
SURRENDER CERTAIN LEGAL RIGHT	rs. Surrender Certain i	LEGAL RIGHTS.
Dated:		
Cignatura		



Intake Form

Date:
Participant's name:
By what name does the participant prefer to be called:
Participant's birthday:
Preferred age group/grade for instruction:
Is this class/camp/recreational activity/activity a new experience? YES NO What are his/her special interests?
What are his/her special gifts?
What methods of communication does the person use?
What is the primary goal/objective for the participant in the class/camp/recreational
activity/activity (learning the
curriculum, safety, overcoming fear, socialization, overall health, etc.)?
What is helpful for holding his/her attention?

What are signs of enjoyment (flapping, screeching, ju	inping up and down, etc	.)?
How would you describe his/her social relationships?		
What are the triggers for outbursts or melt downs (i.e without warning,	. loud noises, being touc	hed, transition
etc.)?		
What are the signs of anxiety or that a meltdown is covocalizations, etc.)?	oming (rocking, covering	ears, flapping,
What calms the person down (removal of stimulus, huremoval from environment, etc.)?	ugging, giving of "security	/" object, counti
Are you willing to share a copy if his/her IEP or Behave Does the person need constant one-on-one assistance of yes, could the aide or parent eventually be phased of What other behaviors do we need to know about (elogatiting, biting, etc.)?	e? YES NO out? YES NO	YES NO
Parent(s)/Guardian(s) name:		
Parent(s)/Guardian(s) name: Phone:		