***Gift of Time* Registration Form**

\* Required

**Participant Name \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_**

**Address \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \*\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant age \*\_\_\_**

**Grade this fall, School Name, Instructional Arrangement (large group, small group, 1:1 aide) \***

PLEASE NOTE: IF YOUR CHILD REQUIRES EXTENSIVE SUPERVISION AND INTERVENTION TO SOCIALIIZE, IT IS RECOMMENDED YOU SPEND UP TO 3 SESSIONS WITH THE VOLUNTEER TO HELP THEM BUILD RAPPORT AND LEARN ABOUT YOUR CHILD’S LIKES AND DISLIKES.

**Medical/Behavioral Notes \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Legal Guardian Name \***

**Parent/Guardian Birthdate \_\_\_\_\_\_\_\_\_\_\_**

**M/F** \*needed for background check

**Address \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Legal Guardian Name \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Birthdate\* \_\_\_\_\_\_\_\_\_\_\_**

**M/F** \*needed for background check

**Address \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Health Information \***

**Name of Physician \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Phone \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Describe Any Medical Concerns, Allergies, or Physical Conditions \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child involved in a structured home or community based social remediation program? \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Liability Release \***

I authorize my child to participate in the ***Gift of Time*** program under my supervision. I understand the volunteer will be supervised by me at all times and will not be left alone with my child. I hereby assume all risks; release all claims held by me, my spouse, and my child arising from my child’s participation in the *Gift of Time* program.

I further agree to indemnify and hold harmless WAAA and their officers, employees, agents, students, and representatives from any injuries, liabilities, claims, damages, and expenses, including attorney fees, incurred by WAAA, me, my child, or on behalf of my child, arising from my child’s participation in the *Gift of Time* program, except that each party shall bear any liabilities or expenses arising in whole or in part from its own negligent acts or omissions or those of their respective officers, employees, agents, students, and representatives.

If the provision of this agreement is found to be invalid or unenforceable, then the

remainder of this agreement will have full force and effect, and the invalidated provision will be modified, or partially enforced, to the maximum extent permitted by Washington State Law.

I have read all of the above terms and conditions, and I understand and agree to be bound by them.

**Printed Name of Parent/Legal Guardian and relationship to participant \***

**Signature of Parent/Legal Guardian\* Date \***

**Photo Release**

Please note that approval of this release is not required for your child to participate in Gift of Time. However, your approval will help us to promote future social recreational programs and other educational youth offerings.

I, as parent or legal guardian for “Minor,” give WAAA permission to use Minor’s materials (defined as visual images or audio recordings) in its internal publications for WAAA publicity, and in external publications such as local, regional, and national newspapers, magazines, websites, and brochures. There is no expiration date on this release, and I will not seek compensation for usage. This release does not include permission for WAAA to sell any of the materials.

**Printed Name of Parent/Legal Guardian and relationship to participant \***

**Signature of Parent/Legal Guardian\* Date \***

**How did you hear about us? \***

WAAA Website\_\_\_\_\_ WAAA Email/Newsletter\_\_\_\_\_

WAAA Facebook\_\_\_\_\_\_\_ WAAA Advocate \_\_\_\_\_\_\_

Teacher/Counselor/Friend (name, we’d like to thank them) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please e-mail completed to [**info@WashingtonAutismAdvocacy.org**](mailto:info@WashingtonAutismAdvocacy.org)**, trish@washingtonautismadvocacy.org**