



**The Healthy Relationships Project**  
**“PEOPLE I ENCOUNTER”**  
**Class Registration Form (Fall Session 2025)**

- **REGISTRATION FORM**
- Registration is based on first come, first served basis.
- Please fill out all the fields below and read and sign the policy statement.

**Name of Participant**

Address:

Phone #:

Email:

**Legal Guardian/Caregiver (if approval is required)**

**Name:**

**Name: Support Person/Caregiver**

**Email:**

**Phone Number:**

Participants may need assistance from their caregiver or personal support worker to log in to the online portal.

Fall 2025

- October 2

- October 9

- October 16

- October 23

## Vista Choice Supports (VCS) Policy and Procedures

### FOR PARENTS/LEGAL GUARDIANS, AND CAREGIVERS (If consent is required)

Parents/legal guardians and caregivers are an essential support system for individuals with autism and related intellectual and developmental differences. Strengthening critical life skills is vital to the overall health and safety of individuals who experience challenges in developing relationships and improving personal care practices. The HRP is intended to help participants avoid "unhealthy" relationships and create healthy social climates among peers and families in the long term. Please direct all questions to [Linda@vistachoice.org](mailto:Linda@vistachoice.org) or contact me at 240-472-2846.

### PRIVACY POLICY(HRC)

Protecting your private information is our priority. This Statement of Privacy applies to <https://myhrc.life/>, and Wesley Family Services and governs data collection and usage. For the purposes of this Privacy Policy, unless otherwise noted, all references to Wesley Family Services include <https://myhrc.life/> and myHRC. For full details about Privacy Policy, please send a request to [Linda@vistachoice.org](mailto:Linda@vistachoice.org).

### Customer Consent

The myHRC Products are designed to provide protection for Participant Data as required by applicable privacy laws. Vista Choice Supports is a licensed Facilitator of the Healthy Relationships Curriculum. Protecting your private data is our priority and will only be collected and used for legitimate educational purposes.

### VCS is a Facilitator of the Healthy Relationships Curriculum

**Release** The participant and the guardian hold free and harmless, VISTA CHOICE SUPPORTS, LLC (including its officers, agents, and employees) from any claims. I or my legal guardian give consent to participate in the HR Curriculum and web portal activities. Any dispute arising out of or is in any way connected with the performance of the work and/or services provided under this Agreement will be decided according to the laws of the State of Maryland.

I am registering for the Healthy Relationships Project, and I acknowledge the terms and conditions of the VCS Policies and Procedures above.

**Participant:**

**Date:**

*PLEASE SIGN*

**Legal Guardian/Caregiver Signature (if consent is required)**

**Participant's Support/Caregiver: (Name will be added to the online portal)**

**Name:**

**Email:**

**Phone#:**