

Summer Social Skills Participant Application, 2021

Applicant Name _						
Date of Birth Sex						
Parent/Guardian N	Name(s)					
EMAIL						
Home Phone						
Cell # Work #						
Address						
	Zip Code					
What relationship	is the emergend	cy contact to the chil	d			
Physician's Name			Phone			
Does your child have allergies?			Yes	No		
If yes, do they carry an Epipen?			Yes	No		
 What are t 	hey allergic to?					
Does your child use a wheelchair?			Yes	No		
Please provide any	y other informat	ion you feel would h	elp us work et	ffectively with your	child:	
Please list authori	zed nerson(s) to	pick up your child:				
		Home Phone	Work Pho	one Cell Pho	20	
Name	Address	nome Phone	WORK PRIC	one Cell Pho	ne	



Summer Socialization Permission to Participate. 2021

Liability Waiver: I waive any and all liability that ExceptionalOPS, Grace Church or its agents, servants or employees may have for any injury to my child while participating in the Social Skills Summer program. The undersigned parent or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages. I understand and take responsibility for any risks related to Covid-19 associated with my child's participation in this program. By signing the release, the parent/guardian consents to such participation and also verifies that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give the staff members permission to seek medical attention for my child.

	YesNo
Signature of Parent(s):	
	Date
	Date
Signature of Witness:	
	Date
Permiss	sion to Photograph Participant
during the course of this program for pupublications, presentation or broadcast	nt, I hereby consent to the use of photographs/videotape taken ublicity, promotional or educational purposes (including via newspaper, internet or other media sources). I do this with all claims for compensation for use, or for damages.
Yes, I give consent for Exceptional No, I do not authorize Exceptiona	OPS to photograph my child for purposes listed above IOPS to photograph my child.
Parent Signature:	Date:
Participant's Name:	

^{*}Please note that participants 18 or older, for whom Guardianship has not been obtained, are deemed legally competent and may give their own permission to photograph them. If you feel differently, please let us know and we will avoid photographing your child.