ExceptionalOPS
Summer Social Skills Participant Application, 2024

Applicant Name _____
Attending School/Day Program_____ _____
Date of Birth _____ Sex _____
Parent/Guardian Name(s) _____
EMAIL_____ _____
Home Phone _____
Cell #__ _____ Work # _____
Address _____
City _____ Zip Code _____

Emergency Contact Person _____ Phone _____
What relationship is the emergency contact to the child _____
Physician's Name _____ Phone _____

Does your child have allergies? Yes ◯ No ◯
- If yes, do they carry an Epipen? Yes ◯ No ◯
- What are they allergic to? _____

Does your child use a wheelchair? Yes ◯ No ◯

Please provide any other information you feel would help us work effectively with your child:

Please list authorized person(s) to pick up your child:

Name	Address	Home Phone	Work Phone	Cell Phone

Exceptional OPS Permission to Participate, 2024

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.

____ Yes ____No

Signature of Parent(s):

_____ Date _____

_____ Date_____

Signature of Witness:

_____ Date_____

Permission to Photograph Participant

As a parent or guardian of this participant, I hereby consent to the use of photographs/videotape taken during the course of this program for publicity, promotional or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for ExceptionalOPS to photograph my child for purposes listed above
____ No, I do not authorize ExceptionalOPS 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.**