



Please fill in **ALL** 3 sections:

- Section 1 - Intake registration**
- Section 2 - Liability waiver**
- Section 3 - Photography waiver**

Section 1 - Intake registration

Child's Name:	Child's Date of Birth:
Parent's Name:	Phone Number:
Street Address:	City:
State:	Zip Code:
E-mail Address:	
Preferred Communication (circle one): Phone E-mail Other (explain)	
Are you a returning parent who completed a registration form during the last session (circle one): Yes No	
Have there been any major changes in your child's life since last year (e.g. diagnosis, medication, behavior plan, etc.)?	
Please describe your child's overall behavior:	
Does your child have experience playing tennis?	
Please describe your child's expressive language skills:	
Please describe your child's receptive language skills:	
Does your child use any special means of communication (e.g. PECS, augmentative communication devices, schedules, etc.)	
Please describe your child's gross motor skills:	

Is your child on any special diets or have any allergies?
Does your child have any specific reinforcers/incentives:
Please describe your child's educational setting:
What types of therapy (inside and outside of school) does your child receive? What other programs does your child participate in?
What are your goals for your child through participation in ACEing Autism?
Please use this area to tell us anything else about your child that you would like to share or feel we should know:
How did you hear about ACEing Autism?
Please review our liability waiver and choose the appropriate answer below: I have read the liability waiver (circle one): Yes No
Please review our program policies and choose the appropriate answer below: I have read the program policies (circle one): Yes No
Please review our photo/video form and choose the appropriate answer below: I have read the photo/video form (circle one): Yes No

Printed Name

Signature

Section 2 - Liability Waiver for ACEing Autism, Inc.

To the best of my knowledge, I am in good physical condition and fully able to participate in

the ACEing Autism, Inc. Tennis Program. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this program.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, ACEing Autism, Inc., their volunteers, officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the program is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Massachusetts.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Participant Name (Print) Participant Signature (if over 18 years of age)

Parent's Name (Print) Parent's Signature (If participant is under 18 years of age)

Section 3 - Photograph, Film or Vocal Recording Release.

ACEing Autism, Inc. may take pictures/video of the children throughout the year.

Note:

- I authorize this release based on the following conditions.
- These records become the property of ACEing Autism or its representatives.
- This release is given without promise of compensation.
- This release is effective until terminated by a retraction in writing from the person granting this authorization.
- The parent/legal guardian and the participant do release to ACEing Autism any right, title and/or interest of any kind they may have in the records produced.
- I hereby grant to ACEing Autism, Inc. the right and authority to photograph, film and/or record vocally.

Participant Name (Print)

Participant Signature (if over 18 years of age).

Parent Name (Print)

Signed (parent or legal guardian- If participant is under 18 years of age).

Date form signed

Please make sure you have checked and signed all 3 sections!

Send this form to your local Program Director to complete your registration.
Or print and bring this form with you to our program.
(4 pages in total).

We look forward to seeing you on the court!

The Aceing Autism Team!