



## Autastic Summer Camp Registration Form

Welcome to the Autastic Summer Camp! We are excited to offer a fun, inclusive, and supportive environment where children and teens on the autism spectrum, their family, and peers can explore, learn, and grow. Please complete the registration form below to secure a spot for your child. If you have any questions or need assistance, do not hesitate to contact us.

### Camper Information

- Camper's Full Name: \_\_\_\_\_
- Date of Birth (MM/DD/YYYY): \_\_\_\_\_
- Age: \_\_\_\_\_ Gender: \_\_\_\_\_
- Diagnosis/Needs (please specify any accommodations or support needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information

- Parent/Guardian Name(s): \_\_\_\_\_
- Relationship to Camper: \_\_\_\_\_
- Primary Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Emergency Contact Name and Number: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Medical Information

- Does your child have any allergies? Yes [ ] No [ ]  
If yes, please specify: \_\_\_\_\_
- Current medications (if any): \_\_\_\_\_
- Physician's Name: \_\_\_\_\_
- Physician's Phone Number: \_\_\_\_\_

- Please provide any additional medical or dietary needs or restrictions:

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**Additional Information**

- T-Shirt Size (Youth S, M, L, Adult S, M, L, XL): \_\_\_\_\_
- How did you hear about us? \_\_\_\_\_
- Please share any goals or expectations you have for your child attending the camp:

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**Consent and Acknowledgment**

- I hereby give permission for my child to participate in all camp activities and receive emergency medical treatment if necessary. I understand that I am responsible for providing health insurance coverage for my child during their time at camp.
- By signing below, I, the undersigned participant (or parent/legal guardian if participant is under 18), acknowledge and understand the inherent risks involved in participating in any and all activities hosted by An Autastic Dream, Inc., and hereby release, waive, discharge, and covenant not to sue An Autastic Dream, Inc.(organizers), The sensory resource and activity center, the Town of Farmville, sponsors, volunteers, vendors, and other participants from any and all liabilities, claims, demands, actions, and causes of action whatsoever directly or indirectly arising out of or related to any loss, damage, injury, or death that may be sustained by myself (or my child) while participating in such activity, or while in, on or around the premises where the event is being conducted, even if such loss is caused by the negligence of the releases, or otherwise.
- I agree to indemnify and hold harmless the releases from any loss, liability, damage, or costs they may incur due to my participation in said event, whether caused by the negligence of releases or otherwise.

- I understand that this release includes any claims based on the actions, omissions, or negligence of the organizers, sponsors, volunteers, participants, and others present or otherwise participating in the event.
  
- Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information**

- Please visit our website or stop by our office to complete your payment in person and secure your child's spot. Include your child's full name as a reference.

Thank you for choosing Autastic Summer Camp! We look forward to providing an unforgettable summer experience for your child. Upon receipt of this completed form and payment, we will send you a confirmation email with further details about the camp, including an itinerary.