



Autism Family Tours with Brianna

Application for Local Recreation Programs and Events

Autism Family Tours with Brianna, Inc. (AFT) will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Please be advised that Autism Family Tours with Brianna, Inc. does not release contact information to any non-affiliated organization.

Name of Program or Event: _____ Date of Application: _____

Responsible Parent or Guardian's Last Name: _____	Responsible Parent or Guardian's First Name: _____
Spouse's Last Name: _____	Spouse's First Name: _____
Other caregiver(s) name(s): _____	Other caregiver(s) name(s): _____
Home address: _____	Apt. or Suite Number: _____
City: _____	State: _____ ZIP: _____
Home telephone number: _____	Cell telephone: _____
Business telephone: _____	E-mail address: _____
Name of Child with Special Needs: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____
Primary diagnosis: _____	Height _____ Weight _____
School district: _____	T-shirt size: _____
Describe your child's communication method and style: _____	
Describe your child's strengths, talents and interests: _____	
List your child's favorite activities: _____	
Describe your child's challenges, weaknesses, and aversions: _____	
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____
Does your child have any medical restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____
Does your take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____
Does your child have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____
Describe any special equipment and/or assistive devices your child needs: _____	
Does the child need assistance using the bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child exhibit any unusual or out of the ordinary behavior when excited, overly tired, frustrated, or agitated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List names of participating siblings:	
Name _____ Age _____ T-shirt size _____	Name _____ Age _____ T-shirt size _____
Does this child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify: _____	Specify: _____
Does this child have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify: _____	Specify: _____
Name _____ Age _____ T-shirt size _____	Name _____ Age _____ T-shirt size _____
Does this child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify: _____	Specify: _____
Does this child have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify: _____	Specify: _____

Please provide information about your child and/or family that would be important for planning and participating in programs:

I understand that certain rules and regulations must be established and maintained to ensure the safety of all the participants and that failure to abide by such rules can result in suspension of any participation from one or all activities for which we have registered. While the representatives of Autism Family Tours with Brianna, Inc. will take every reasonable precaution, it is agreed that there is a certain amount of risk inherent to some recreational programs and events, and I waiver and release any and all rights and claims for damages to any participants or their property against Autism Family Tours with Brianna, Inc., its representatives, successors, and assigns. The undersigned hereby releases Autism Family Tours with Brianna, Inc. from any claims whatsoever in any way, resulting from participation in the program.

I give my permission to use pictures of my child participating in program activities to publicize the program and the organization. I also understand that this program takes place at a public location the general public may have access to the locale.

I affirm that I understand the questions and provisions specified on this form and that the information I have given on this form is true and complete.

Applicant Name *(Print or Type)*:

Applicant Signature:

Please send completed form by mail to:
Autism Family Tours with Brianna, Inc.. P.O. Box 24, Fanwood, NJ 07023-0024 or by fax at (908) 889-8862.
For further information or assistance call 908-889-8860 or by e-mail at contact@autismfamilytours.org

Thank you!

For Office Use Only	Date received: ____ / ____ / ____
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REGISTRATION: We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to the policies of Autism Family Tours with Brianna, Inc.

_____ Printed name of Autism Family Tours with Brianna, Inc. Executive Board Member <i>(other than President)</i>	_____ Signature	_____ Date
_____ Printed name of Autism Family Tours with Brianna, Inc. President	_____ Signature	_____ Date