

ASPIRe NY, inc.

Autism Spectrum Peer Integration & Recreation

15 Carlyle Terrace

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Saratoga Springs, NY 12866

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Participation Agreement

Informed Consent:

I, as parent/guardian of _____, as a voluntary participant of **ASPIRe N.Y., Inc.** give my permission for him/her to participate in the **ASPIRe N.Y., Inc.** recreation and activity group. I certify that the medical information requested has been answered accurately, that my son/daughter is in good health. I agree to hold harmless **ASPIRe N.Y., Inc.** and its facilitators and that they will not be held financially responsible for any sickness or injury which may result from participation in **ASPIRe N.Y., Inc.** activities. Further, I give my permission for my son/daughter to be transported, by private vehicle operated by an ASPIRe N.Y., Inc. parent or facilitator, to an event, if necessary. **In case of an accident, the ASPIRe N.Y., Inc. facilitator has permission to arrange for medical attention for my child if necessary.**

Date: _____ Parent/Guardian: _____

Statement of Safe Behavior:

I, _____ certify that (I) (my son/daughter) have not been deemed, by psychological evaluation, a danger to (myself) (him/herself) or others within the last three years.

Date: _____ Signature: _____

Statement of Parent Responsibility:

I, as parent/guardian of _____, will continue to assume responsibility for my child including, but not limited to, seeking medical attention and managing behaviors that could be perceived as threatening or dangerous to my child or others.

Date: _____ Signature: _____

Participant name: _____

Date of Birth: _____

Address: _____

Phone: _____

_____ **Emergency Contact Person:** _____

_____ **Phone:** _____

Proof of Hospitalization/Accident insurance: _____

Private insurance: _____

Medicaid: _____

Primary care physician: _____ **Phone:** _____

Dentist: _____ Phone: _____

Allergies: _____