

Participant Name: _____

API Autism Works for the Community 2019
Enrollment Form
(please print neatly)

IMPORTANT: This form must be completed to provide API personnel with important information about Program Participant's needs.

PARTICIPANT INFORMATION

Program Participant Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Gender: M F Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Emergency Contact Information

Contact Person #1: _____ Home Phone: _____

Relationship to Program Participant: _____ Cell Phone: _____

If not available, please call:

Contact Person #2: _____ Home Phone: _____

Relationship to Program Participant: _____ Cell Phone: _____

DEMOGRAPHICS INFORMATION

Which of the following racial/ethnic group(s) does your child most closely identify with?
(Please select all that apply)

→ White/Caucasian

→ Black/African American

→ Asian

→ Pacific Islander/Native Hawaiian

→ American Indian or Native Alaskan/Eskimo

→ Hispanic/Latino

→ Multiracial

→ Other – please explain _____

RELEASE INFORMATION



Participant Name: _____

By completing this form and signing below, I am acknowledging that I am the Program Participant or the parent or legal guardian for the Program Participant identified in this form.

***Release for photography:** I give permission to Autism Pensacola, Inc. and its program, Autism Works for the Community, to use photos and first names of myself and/or the Program Participant in program thank you notes and in any audio, visual, print or digital marketing material, subject to the following limitations:

_____.

*** Release of liability:** I understand that Autism Pensacola, Inc. will work with the Program Participant as fully as possible in anticipation of possible employment; however, Autism Pensacola, Inc. cannot guarantee initial or continued job training and/or employment to Program Participant. Autism Pensacola, Inc. will not share personal Program Participant information with potential or actual employers. **As a condition of participation in the program, I agree to indemnify and hold harmless Autism Pensacola, Inc. from and against any and all claims brought by or on behalf of any person or legal entity arising from Program Participant's participation in this program.** Indemnification shall include any and all damages, costs or fees including but not limited to all costs, attorneys' fees, expense and liabilities incurred in or about any claim or proceeding brought thereon, all to the extent of the liability under state or federal law. I understand that this release is intended to be as broad as possible.

***Release for evaluation:** I give permission to Autism Pensacola, Inc. staff to discuss and observe the Program Participant at its offices, if requested, and to conduct assessments as needed to determine target goals for Autism Works for the Community as appropriate for the Program Participant.

By completing this form and signing below, I am acknowledging that I am the Program Participant or the parent or legal guardian for the Program Participant identified in this form.

Program Participant's Name: _____

Signature of Program Participant: _____

Signature of Program Participant's Parent or Legal Guardian, if needed: _____

Date: _____

