OAKLAND UNIVERSITY
Center for Autism - Outreach

Scholarship Application Form
OUCARES Spring Programs 2018

OUCARES is offering limited scholarships for families in financial need to help pay tuition toward selected programs this winter. A scholarship committee will select the recipient(s) and the recipient(s) will be notified by email.

PLEASE NOTE: These scholarships are for financial assistance toward the total payment for each program.

Only one scholarship per participant with ASD:

Please check which program the scholarship applies to:

☐ **Basic Social Skills (K-2nd, 3rd-5th)**

☐ **Outdoor Soccer (4-9yrs, 10+ yrs)**

☐ **Swimming (5-10 yrs, 11-16 yrs)**

To apply for a scholarship:

1. Please submit a completed 2018 Spring Program Registration Form
2. Complete this Scholarship Application Form in its entirety
3. Return to OUCARES no later than **April 4th, 2018**
4. OUCARES reserves the right to request further documentation and/or information to make final scholarship decision

****

Participant Name:_____ **Date:**_____

Home Address:_____

City:_____ **State:** _____ **ZIP:** _____ **# of persons in household:**_____

Parent /Guardian Name:_____

Phone: _____**Email Address:** _____

Statement of Need: Please tell us in three sentences or less why you are applying for this scholarship.

_____

_____

_____

_____

By signing below I hereby represent:

- All information I have provided in this application is correct and true to the best of my knowledge.
- I understand there are limited scholarships available and the number of participants is limited. My completion of this application does not guarantee a scholarship or placement in OUCARES programs.

Signed: _____Date: _____

No later than *April 4th, 2018* to:
Oakland University's Center for Autism Outreach Services (OUCARES)
Pawley Hall, Room 425C
456 Pioneer Drive
Rochester, MI 48309
oucares@oakland.edu

OUCARES
SPRING 2018 - Participant Registration Form

Participant Name:	D.O.B: AGE	Sex: ☐ M or ☐ F
Parent/Guardian Name:	Email:	
Home Address:	City: Zip Code:	
Daytime Phone:	Evening Phone:	
Current Diagnosis:	Emergency Contact & Phone Number:	
Have you participated in OUCARES programs previously?		
School District / Teacher's Name:		
Please tell us how you heard about OUCARES: ☐ OUCARES website ☐ Social Worker	☐ Teacher ☐ Friend ☐ Other _____	

PROGRAM REGISTRATION
Check the correct box that indicates the program(s) you are registering for & total in the appropriate column.

Programs at OU Location:

Program	Age Category	Registration Fee	Sub Total
☐ Basketball	☐ 10-15 yrs ☐ 16+ yrs	$60.00	
☐ Outdoor Soccer	☐ 4-9 yrs ☐ 10+ yrs	$60.00	
☐ Uniquely Me (Formally Aspie Women Talk Life)	18+ yrs	$80.00	
☐ Judo **If sibling or peer buddy, please complete a separate participant registration and assumption of risk form.**	☐ 7-14 yrs ☐ Sibling or Peer Buddy	$80.00	
☐ Swimming	☐ 5 - 10 yrs ☐ 11 - 16 yrs	$130.00	
☐ SNAG Golf **If sibling or peer buddy, please complete a separate participant registration and assumption of risk form.**	☐ 8+ yrs ☐ Sibling or Peer Buddy	$80	
☐ ABA Training for Parents	☐ Parent of Younger Children (2-8 yrs) ☐ Parent of Adolescent Children (9-18 yrs)	$25	
GRAND TOTAL:			

Programs at Meadows Location:

Program	Age Category	Registration Fee	Sub Total
☐ Photography and Photo Editing	13+ yrs	$200.00	

☐ Teen Social Club	☐ 11-14 yrs ☐ 15-18 yrs	$130.00	
☐ Basic Social Skills	☐ K – 2nd Grades ☐ 3rd – 5th Grades	$130.00	
☐ Social Connections for Adults	18+ yrs	$130.00	
GRAND TOTAL:			

Off-site Programs:

Program	Age Category	Registration Fee	Sub Total
☐ Bowling at Classic Lanes **(2145 Industrial Dr, Rochester Hills)** ***New Participants – Please indicate Adult T-shirt Size:_____***	16+ yrs	$60.00	
☐ Bowling at Five Star Lanes **(2666 Metro Pkwy. Sterling Heights)** ***New Participants – Please indicate Adult T-shirt Size:_____***	16+ yrs	$60.00	
☐ Volleyball **Woodland Elementary Gym (6465 Livernois, Troy)**	16+ yrs	$40.00	
☐ OUCARES Just for Kicks! Soccer at Total Sports **(22777 Farmington Rd, Farmington, MI 48336)**	☐ 4-7 yrs ☐ 8-12 yrs	$100.00	
GRAND TOTAL:			

PROGRAM REFUND POLICY

A refund will be issued only if requested one week prior to the start of the program. OUCARES reserves the right to cancel a program for any reason.

Mail Completed:

- ☐ Participant Registration Form
- ☐ Participant Release and Assumption of Risk (Signature Required)
- ☐ Participant Information Form - 2 PAGES (FOR NEW PARTICIPANTS & PARTICIPANTS REGISTERED FOR SOCIAL SKILLS PROGRAMS ONLY)
- ☐ Program Fee **(checks payable to Oakland University**)

Mail To: Oakland University -OUCARES, 425C Pawley Hall, 456 Pioneer Drive Rochester, MI 48309-4482

Parents/Caregivers must remain on the premises if your participants is under the age of 18 years, while the participant in your care is involved in a program.

OUCARES: Participant Information Form

This form is required for ALL NEW OUCARES participants & ALL Social Skills participants.

This is a 2-page form. Please complete the entire form.

Participant Name:_____ **Date of Birth:**_____

Medical Needs or Concerns:

_____

_____

Allergies: _____

Assistance

☐ Yes, participant will need one on one assistance.*
☐ No, participant will need minimal assistance.
☐ Unsure at this time, please evaluate need for assistance.*
* For those needing one on one assistance, a parent/relative may be needed to provide assistance.

Communication

☐ Verbal ☐ Minimal Vocabulary ☐ Non-verbal ☐ Sign Language
☐ I-PAD ☐ Other: _____

Mobility

☐ Ambulatory ☐ Uses Wheelchair ☐ Uses Walker ☐ Other: _____

PLEASE CIRCLE:

Response options: 2= usually 1= sometimes or partially 0= never

A. Comprehension			
1. Listens to and understands spoken instructions	2	1	0
2. Follows instructions in "if-then" form (i.e. if you want to play, then put away your books)	2	1	0
3. Listens to a story for at least 15 minutes.	2	1	0
4. Follows directions or instructions heard 5 minutes before.	2	1	0
5. Familiar with or uses picture schedules.	2	1	0
6. Benefits from having pictures available to understand directions.	2	1	0
B. Communication			
7. Uses sign language.	2	1	0
8. Uses Picture Exchange Communication System (PECS).	2	1	0
9. Uses iPAD for communication purposes.	2	1	0
10. Says at least 100 recognizable words.	2	1	0
11. Uses gestures to communicate.	2	1	0
12. Pronounces words clearly.	2	1	0
13. Tells about experiences in detail (i.e. tells who was involved, where activity took place, etc.)	2	1	0
C. Self Care			
14. Is toilet-trained and will tell an adult when they need to use the restroom.	2	1	0
15. Cleans or wipes hands and face during or after meals.	2	1	0
16. Seeks medical help when needed (i.e. recognizes own feelings of pain, discomfort or illness)	2	1	0
17. Follows directions for special diet or medications.	2	1	0
18. Has eating difficulties (eats too fast or too slowly, overeats, refuses to eat).	2	1	0
F. Gross Motor			
19. Runs smoothly without falling.	2	1	0
20. Climbs on and off high objects (i.e. jungle gym, slide ladder).	2	1	0
21. Catches tennis or baseball-sized ball, moving to catch if necessary.	2	1	0

D. Relating To Others			
22. Makes or tries to make social contact.	2	1	0
23. Recognizes the likes and dislikes of others.	2	1	0
24. Keeps comfortable distance between self and others in social situations.	2	1	0
25. Conscious of avoiding rude or embarrassing comments in public.	2	1	0
26. Plays cooperatively with one or more children for more than 5 minutes.	2	1	0
27. Shows good sportsmanship, follows rules, is not overly aggressive, does not get mad when losing	2	1	0
28. Responds appropriately to reasonable changes in routine.	2	1	0
29. Chooses not to taunt, tease or bully.	2	1	0
30. Is overly dependent (clings to caregiver, teacher).	2	1	0
31. Avoids others and prefers to be alone.	2	1	0
E. Behavior			
32. Chooses to avoid/is fearful of dangerous or risky situations.	2	1	0
33. Controls anger when he or she does not get his or her way.	2	1	0
34. Gets anxious or nervous very easily	2	1	0
35. Is impulsive.	2	1	0
36. Wanders or runs away	2	1	0
37. Has temper tantrums in school/camp setting.	2	1	0
38. Is physically aggressive in school/ camp setting.	2	1	0
39. Is more active or restless than others of same age.	2	1	0
40. Swears	2	1	0
41. Very sensitive/uncomfortable with people touching him/her.	2	1	0
42. Displays behaviors that cause injury to self and or others.	2	1	0
43. Destroys others or own possessions on purpose.	2	1	0
44. Is fearful of ordinary sounds, objects or situations.	2	1	0
45. Has tics (i.e. involuntary blinking, twitching, head shaking, etc.)	2	1	0
46. Has pica behaviors (eats nonedible items/objects)	2	1	0
G. Fine Motor			
47. Holds a pen, pencil, marker, or paintbrush appropriately.	2	1	0
48. Cuts out simple shapes.	2	1	0
49. Ties shoes securely.	2	1	0
50. Zips or fastens clothes when changing or using the restroom	2	1	0

51. What type of educational program (if any) is your child currently enrolled, and what type of support does your child receive in the program: _____

_____

52. Please list anything that motivates your child:_____

_____

53. Please list anything else that you feel the instructors should know: _____

_____

54. Please list any supports your child will need to be successful in our programs: _____

_____

Participant Name: _____

Person completing form: _____ **Date:** _____

Parents/Caregivers must remain on the premises if your participants is under the age of 18 years, while the participant in your care is involved in a program. If your child is on an outdoor field, you must remain in view of the field. If your child is at an indoor program, you must remain in the building and within physical proximity so that we can contact you immediately if an emergency arises.

OUCARES Programs & Camps
RELEASE AND ASSUMPTION OF RISK

For: _____ (Participant Name)
In consideration of being permitted to participate in and/or observe all or any part of the OUCARES programs and camps ("Program") including without limitation the use of facilities, equipment, grounds and/or personnel and any travel associated with the Program, Participant understands, acknowledges, agrees, represents and warrants that:

(1) **Voluntary Participation**. Participation in and/or observation of all or any portion of the Program is voluntary and Participant may refuse to observe or participate at any time.

(2) **Assumption of Risk**. Participation in and/or observation of the Program or any portion of the Program may involve risks of temporary and/or permanent bodily injury, property damage, death, and other dangers. Participant voluntarily and freely assumes all such risks.

(3) **Health and Safety**. There are no health-related reasons or problems that preclude or restrict Participant from participating in the Program. If Participant is injured during the Program, Participant will report the injury to a Program representative and a representative of Oakland University, and any medical care needed as a result of such injury will be at Participant's expense.

Oakland University and its trustees, officers, employees, students, volunteers, agents, representatives and designees (collectively, the "University") are not obligated to attend to any of Participant's medical or medication needs during the Program, and Participant assumes all risk and responsibility therefore. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding Participant's health, safety and security.

(4) **Personal Responsibility**. Participant is personally responsible for any loss, injury or damage caused or suffered by Participant during the Program. The University does not guarantee Participant's safety or security during the Program. Participant agrees to abide by all rules, regulations, and policies of any organization, entity, person, or facility providing services to Participant during participation in the Program and Participant shall be solely responsible for any damages resulting from their failure to do so.

Participant is responsible for his or her own medical and other insurance, equipment, supplies, personal property, and effects during the Program. Participant will be responsible for asking questions to ensure safety and security during the Program, and will observe all rules, practices, procedures and requests which may be imposed to minimize the risk of injury while participating in the Program.

Participant will reduce the risk of injury by limiting participation to reflect his/her personal fitness or comfort level, and not ingesting or using any substance during the activity which could pose a hazard to Participant or others.

Participant also understands and acknowledges that he or she is required to comply with the University's Student Code of Conduct, Code of Student Rights and Responsibilities and all other University codes, policies, rules and regulations during the Program.

Any Participant who fails to comply with such codes, policies, rules and regulations may be removed from the Program, sent home at his or her own expense and determine if further actions are required at the University's discretion.

(5) **Waiver and Release**. Participant, individually and on behalf of Participant's family, heirs, estate, successors, assigns and personal and legal representative(s), fully, finally, irrevocably, unconditionally and forever **WAIVES, RELEASES, and DISCHARGES** the University, its trustees, officers, employees, agents, and servants, individually and in their official and personal capacities, (collectively, the "Released Parties"), of and from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE PARTICIPANT'S TRAVEL TO, FROM OR DURING THE PROGRAM, OR PARTICIPATION IN AND/OR OBSERVATION OF THE PROGRAM, DELAY, MODIFICATION, CURTAILMENT OR CANCELLATION OF THE PROGRAM FOR ANY REASON, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE AND PARTICIPANT CONSENTS TO, AND RELEASES ANY CLAIMS RELATED TO, THE UNIVERSITY'S USE AND/OR REPRODUCTION OF ANY PHOTOGRAPH AND/OR LIKENESS OF PARTICIPANT IN UNIVERSITY PUBLICATIONS OR OTHER UNIVERSITY MEDIA, ADVERTISING MATERIALS, OR ILLUSTRATIONS.** Participant and/or Parent/Guardian acknowledge and agree that Participant may be interviewed, photographed, recorded and/or videotaped in connection with the Program and the University may use those for its educational or promotional purposes.

(6) **Indemnity**. Participant will **INDEMNIFY, DEFEND and HOLD HARMLESS** the University from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO PARTICIPANT'S ACTIVITIES, ACTS AND/OR OMISSIONS DURING THE PROGRAM, INCLUDING WITHOUT LIMITATION PERIODS OF TRAVEL.**

(7) **Signature**. Participant has carefully read and understands completely the above provisions and voluntarily signs this Release and Assumption of Risk agreement. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made to obtain Participant's signature. This Release and Assumption of Risk agreement will be governed by the laws of the State of Michigan which will be the venue for any lawsuits filed under or incident to this agreement or to the Program. If any portion of this agreement is held invalid, such portion will be considered severed from the agreement and the remainder of the agreement will continue in full force and effect.

Participant's Signature: _____ ***Date:*** _____

I hereby warrant and represent that I am the parent or legal guardian of the Participant. I am hereby providing permission for him/her to participate in the Program, and agree to be responsible for his/her behavior during the Program. I have read, approved and agree to this Release and Assumption of Risk Agreement in its entirety on behalf of myself and for the Participant.

Parent/Guardian Signature: _____ ***Date:*** _____