



Scholarship Application Form OUCARES Spring Programs 2019

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

Teen Social Clubs (11-14 yrs, 15-18 yrs)

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

ABA Parent Trainings*

To apply for a scholarship:

1. Please submit a completed 2019 Spring Program Registration Form
2. Complete this Scholarship Application Form in its entirety
3. Return to OUCARES no later than **March 29, 2019**
4. OUCARES reserves the right to request further documentation and/or information to make final scholarship decision

Parent/Guardian do not need to complete Participant Information Form for ABA Parent Trainings

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: _____

Return no later than **March 29, 2019** 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 2019 - Participant Registration Form

| | | |
|--|---|---|
| Participant Name: | D.O.B: | Sex: <input type="checkbox"/> M or <input type="checkbox"/> F |
| | AGE | |
| 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: <input type="checkbox"/> OUCARES website <input type="checkbox"/> Social Worker | | |
| | <input type="checkbox"/> Teacher <input type="checkbox"/> Friend <input type="checkbox"/> 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 |
|--|--|------------------|-----------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 16+ yrs | \$60.00 | |
| <input type="checkbox"/> Outdoor Soccer | <input type="checkbox"/> 4-9 yrs <input type="checkbox"/> 10+ yrs | \$60.00 | |
| <input type="checkbox"/> SNAG Golf If sibling or peer buddy, please complete a separate participant registration and assumption of risk form. | <input type="checkbox"/> 8+ yrs <input type="checkbox"/> Sibling or Peer Buddy | \$80.00 | |
| <input type="checkbox"/> Judo If sibling or peer buddy, please complete a separate participant registration and assumption of risk form. | <input type="checkbox"/> 7-14 yrs <input type="checkbox"/> Sibling or Peer Buddy | \$80.00 | |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> 5 - 10 yrs <input type="checkbox"/> 11 - 16 yrs | \$130.00 | |
| <input type="checkbox"/> ABA Training for Parents | <input type="checkbox"/> Parent of Younger Children (2-8 yrs) <input type="checkbox"/> Parent of Adolescent Children (9-18 yrs) | \$25 | |
| GRAND TOTAL: | | | |

Programs at Meadows Location:

| Program | Age Category | Registration Fee | Sub Total |
|--|--------------|------------------|-----------|
| <input type="checkbox"/> Photography and Photo Editing | 13+ yrs | \$200.00 | |

| | | | |
|--|--|----------|--|
| <input type="checkbox"/> Teen Social Club | <input type="checkbox"/> 11-14 yrs <input type="checkbox"/> 15-18 yrs | \$130.00 | |
| <input type="checkbox"/> Basic Social Skills | <input type="checkbox"/> K – 2 nd Grades <input type="checkbox"/> 3 rd – 5 th Grades | \$130.00 | |
| <input type="checkbox"/> Social Connections for Adults | 18+ yrs | \$130.00 | |
| <input type="checkbox"/> Robotics Club | 10-14 yrs. | \$130.00 | |
| <input type="checkbox"/> Yoga | 8+ yrs | \$100 | |
| GRAND TOTAL: | | | |

Off-site Programs:

| Program | Age Category | Registration Fee | Sub Total |
|---|--------------|------------------|-----------|
| <input type="checkbox"/> Bowling at Classic Lanes (2145 Industrial Dr, Rochester Hills) <i>New Participants – Please indicate Adult T-shirt Size: _____</i> | 16+ yrs | \$60.00 | |
| <input type="checkbox"/> Bowling at Five Star Lanes (2666 Metro Pkwy. Sterling Heights) <i>New Participants – Please indicate Adult T-shirt Size: _____</i> | 16+ yrs | \$60.00 | |
| <input type="checkbox"/> Volleyball Woodland Elementary Gym (6465 Livernois, Troy) | 16+ yrs | \$40.00 | |
| 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 Spring 2019 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 |
| D. 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 |

| E. 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 |
| F. 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.

**JOANNE AND TED LINDSAY FOUNDATION AUTISM OUTREACH (OUCARES) PROGRAMS, CAMPS AND EVENTS
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 Joanne and Ted Lindsay Foundation Autism Outreach (OUCARES) programs, camps and events (collectively, the "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) Acknowledgement. Participant and/or Parent/Guardian acknowledges by registering for the Program that he/she has carefully read and understands completely the above provisions and agrees to the provisions of 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 Participant and/or Parent/Guardian. 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: _____