

REGISTRATION FORM

Camp Dates

*Session 1 August 15-18 Monday - Thursday

*Session 2 August 22-25 Monday - Thursday



Camp Hours: 10am - 4pm

Camp Location: Growing with Pride Preschool, 20495 SW Boones Ferry Rd., Tualatin, OR 97062

Camp Tuition: \$275 per session

Age: 7 and up.

Registration Deadline is August 1, 2011

For more information please see the special events section at our web site www.autismservicedogsofamerica.org

Name: _____ Age _____ Email _____

Address _____ Phone _____

Session you desire 1__ 2__ Are your dates flexible? yes__ no__

Please describe your experience with dogs _____

MAIL THIS REGISTRATION WITH PAYMENT TO: ASDA, 4248 Galewood Street,
Lake Oswego, Oregon 97035

*camp sessions are limited to 15 campers per session. If less than 10 campers register for a session that session may be combined with another session.



www.autismservicedogsofamerica.org

AUTISM SERVICE DOGS OF AMERICA (ASDA) SUMMER PAK DAY CAMP PARENT/GUARDIAN PERMISSION/ RELEASE OF LIABILITY SLIP

This is to certify that my son/daughter _____ has my permission to attend ASDA's summer day camp. I hereby give my permission for my son/daughter to ride in a private car driven by representatives of ASDA.

In consideration of allowing my son or daughter to attend ASDA Summer Day Camp I hereby, (and for my and my child's) heirs, executors, administrators, assigns. and all legal guardians, WAIVE AND RELEASE AND ALL RIGHTS AND CLAIMS OF ANY NATURE FOUNDED IN WHOLE OR PART UPON ANY TYPE OF NEGLIGENCE, that (I) (my child) may have against Autism Service Dogs of America, it's Directors, officers, employees, agents, assignees, licensees, volunteers and cooperating entities, their representatives, heirs, executors, administrators, successors and assigns (the Released parties) arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the camp or any activities connected with the camp. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with my child's participation in this camp. Consent is also given that any reproduction or publication of the likeness of my child obtained while participating in this camp can be published and used by ASDA their agents or assigns for educational, informational and/or advertisement purposes. By signing this document I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon me (my) (my child's) heirs, executors, administrators, assigns and all legal guardians (of my child)

Parent's/Guardian's Signature _____ Date _____

Address _____

EMERGENCY Phone Number Where You May be Reached
During ASDA Summer Day Camp _____

BACK UP EMERGENCY Phone Number _____

HOSPITAL OF CHOICE _____

Does your child have any server or peculiar medical condition that ASDA or a medical provider should be aware of? _____

Allergies? _____ Required Prescriptions _____