

Date form was completed: _____

The Exceptional Foundation of East Alabama

300 N. Dean Road Suite 5-177, Auburn, Alabama 36830

Please read and complete the entire form. All information will be held in strictest confidence.

Please Print

Participant Information

Name: _____

Name called: _____ Race: _____ Sex: _____

Participant's Address: _____

City/State/Zip: _____ County: _____

Date of Birth: _____ Age: _____ T-shirt size _____

Participant's Place of Employment/School _____

Participant lives with: Mother _____ Father _____ Other (Specify) _____

Primary Contact: _____ Relationship _____

Address: _____

City/State/Zip _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Place of Employment: _____ E-Mail: _____

Secondary Contact: _____ Relationship _____

Address: _____

City/State/Zip _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Place of Employment: _____ E-Mail _____

Emergency Contact other than those previously listed:

Name: _____ Relationship _____

Phone: _____

Nature of Exceptionality

Please check all that apply

_____ Asperger’s Disorder

_____ Muscular Dystrophy

_____ Asthma

_____ Seizure Disorder

_____ Attention Deficit Disorder

_____ Shunt

_____ Autism

_____ Spina Bifada

_____ Cerebral Palsy

_____ Traumatic Brain Injury

_____ CMV (Cytomegalovirus)

_____ Visually Impaired

_____ Diabetes

_____ Learning Disabled

_____ Down Syndrome

_____ Mildly Intellectually Disabled

_____ Hearing Impaired

_____ Moderately Intellectually Disabled

_____ Heart Condition

_____ Severely Intellectually Disabled

_____ Multiple Sclerosis

Other: _____

Swimming: Swims w/o Lifejacket _____ Swims w/Lifejacket _____ Will never get in pool _____

List all allergies (if no allergies, please write NONE): _____

Please list all medications, dosages, and times medication is administered, even if not to be administered while at The Exceptional Foundation of East Alabama. (If no medication is taken, please write “NONE”)

Name of Medication

Dosage

Time to be administered

Doctor’s Name _____ Phone: _____

Hospital Preference: _____

Insurance Information:

Health/Accident Co. _____ Name of Insured _____

Policy Number _____ Group Number _____

For grant writing purposes only, does participant receive any of the following? Please mark all that apply.

SSI _____ SSD _____ Medicaid _____ Medicare _____ Other _____

For grant writing purposes only, please check one of the following. My annual household income is

\$31,250 or less _____ between \$31,251 and \$50,000 _____ \$50,001 or above _____

For grant writing purposes only, please indicate in which city limits the participant resides? (Circle one)

Auburn Opelika Smith Station Columbus Montgomery Other _____

Does your employer match gifts? Yes _____ No _____

TRANSPORT FOR MEDICAL CARE

The Executive Director and/or Program Director are authorized to make the decision to have participants transported for medical care.

Signed (Parent/Guardian) _____

Print Name _____

Date _____

PUBLICITY CONSENT WAIVER

Permission is granted for participant to be photographed, with said pictures and names to be used in public relations and fund-raising efforts to promote programs of The Exceptional Foundation of East Alabama and other participating Agencies.

Signed (Parent/Guardian) _____

Print Name _____

Date _____

The Exceptional Foundation of East Alabama

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MEDICAL RELEASE AND MEDICATION AUTHORIZATION FORM

In consideration of The Exceptional Foundation of East Alabama, a non-profit organization (the "Foundation"), permitting the participant identified below (the "Participant") to participate in the social and recreational activities planned, organized and implemented by the Foundation (the "Activities"), the Participant and/or the Parent or Legal Guardian to the Participant (if required) do hereby agree as follows:

I hereby authorize the directors, officers, agents, employees, organizers, chaperones or volunteers of the Foundation (the "Foundation Parties"), in the event that the Participant is injured or otherwise becomes ill while participating in the Activities and the Parent or Legal Guardian identified below (if any) cannot be reached, or otherwise deemed necessary and appropriate by the Foundation Parties, to transport the Participant to an appropriate medical facility for medical attention, such medical facility to be chosen at the discretion of the Foundation Parties. I further authorize and consent to any medical examination or treatment deemed necessary and appropriate by the medical personnel at such medical facility, including, but not limited to, x-ray examination, anesthetic treatment, surgical treatment and other medical care (collectively, the "Emergency Medical Treatment")

I further authorize the Foundation Parties to administer all prescription and over-the-counter medications provided to the Foundation to be administered to the Participant in accordance with the written instructions of the Participant or the Parent or Legal Guardian of the Participant, as applicable (together with the remainder of this paragraph, the "Medication Administration"). I understand that all such medications must be contained in their original prescription bottle or other packaging as provided by the pharmacy dispensing such medication or as purchased. I understand that the Foundation maintains on its premises certain requestes by the Participant or otherwise on an as-needed basis. In connection therewith, I hereby agree as follows:

_____ The Foundation Parties are authorized to administer Ibuprofen or Acetaminophen (circle one) to the Participant as requested by the Participant or otherwise on an as-needed basis.

_____ The Participant cannot have Ibuprofen or Acetaminophen at any time.

_____ The Foundation Parties are authorized to administer to the Participant any of the following additional over-

the-counter medications if maintained by the Foundation: _____

I hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Foundation Parties from and against any and all claims, actions, causes of action, liabilities, suits and expenses (including, without limitation, reasonable attorneys' fees) that are related to, arise out of or are in any way connected with the Emergency Medical Treatment or the Medical Administration. I specifically understand that I am releasing, discharging and waiving any claims or actions that I or my family members, personal representatives and heirs may have presently or in the future against the Foundation Parties in connection therewith.

I HAVE READ THE ABOVE MEDICAL RELEASE AND MEDICATION AUTHORIZATION FORM, AND, BY SIGNING IT, I AGREE THAT IT IS MY INTENTION TO EXEMPT, RELIEVE AND INDEMNIFY ALL THE FOUNDATION PARTIES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE ARISING FROM OR RELATED TO THE EMERGENCY MEDICAL TREATMENT OR THE MEDICATION ADMINISTRATION. I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT. I AGREE THAT, IN

THE EVENT THAT ANY PROVISION OF THIS AGREEMENT IS HELD OR ADJUDICATED TO BE CONTRARY TO ANY STATUE OR LAW OR OTHERWISE UNENFORCEABLE, THE REMAINING PROVISIONS SHALL BE ENFORCEABLE TO THE FULLEST EXTENT PERMITTED BY LAW.

Signature of Participant: _____

Print Full Name: _____

Date: _____

Signature of Participant's Parent/Legal Guardian: _____
(required if the Participant is under the age of 19 or otherwise lacks the capacity to execute)

Print Full Name: _____

Date: _____

The Exceptional Foundation of East Alabama

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WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

In consideration of The Exceptional Foundation of East Alabama, a non-profit organization (the "Foundation"), permitting the undersigned participant (the "Participant") to participate in the social and recreational activities planned, organized and implemented by the Foundation, including, but not limited to (i) those activities planned on the premises of the Foundation, such as social events and basketball and other sports-related activities, and (ii) those activities planned off the premises of The Foundation, such as outing to certain business, education, recreation, and enjoyment (collectively, the "Activities"), the Participant and/or the Parent or Legal Guardian to the Participant (if required) do hereby agree as follows:

I fully understand and acknowledge that: (a) the Participant's participation in the Activities may result in death, injury or illness, including, without limitation, bodily injury, disease, stains, fractures, partial and/or total paralysis, eye injury and/or blindness, heart attack or other ailments that could cause serious disability; (b) the Participant's participation in the Activities may result in damage to and/or destruction of the Participant's property; (c) these risks and dangers may be caused by the negligence of the Foundation or the directors, officers, agents, employees, organizers, chaperones or volunteers of the Foundation, their successors, assigns or representatives, and/or one or more of them (collectively, the "Foundation Parties"), the negligence of other participants or guests, accidents, breaches of contract, the forces of nature or other causes; and (d) these risks and dangers may arise from foreseeable or unforeseeable causes. In consideration of the Foundation permitting the Participant to participate in the Activities, I hereby assume, on behalf as the Participant, all risks and dangers and all responsibility for any losses and/or damages arising in connection with the Activities, *whether* caused in whole or in part by the negligence or other conduct of the Foundation Parties, or by any other person.

I hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Foundation Parties from and against any and all claims, actions, causes of action, liabilities, suits and expenses (including, without limitation, reasonable attorneys' fees) that are related to arise out of or are in any way connected with the Participant's participation in the Activities, whether caused in whole or in part by the negligence or other conduct of the Foundation Parties, or by any other person. I specifically understand that I am releasing, discharging and waiving any claims or actions that I or my family members, personal representatives and heirs may have presently or in the future for the negligent acts or conduct of the Foundation Parties.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, AND, BY SIGNING IT, I AGREE THAT IT IS MY INTENTION TO EXEMPT, RELIEVE AND IDEMNIFY ALL OF THE FOUNDATION PARTIES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE ARISING FROM OR RELATED TO THE PARTICIPANT'S PARTICIPATION IN THE ACTIVITES. I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT. I AGREE THAT, IN THE EVENT THAT ANY PROVISION OF THIS AGREEMENT IS HELD OR ADJUDICATED TO BE CONTRARY TO ANY STATUTE OR LAW OR OTHERWISE UNENFORCEABLE, THE REMAINING PROVISIONS SHALL BE ENFORCED TO THE FULLEST EXTENT PERMITTED BY LAW.

Signature of Participant: _____

Print Full Name: _____ Date: _____

Signature of Participant's Parent/Legal Guardian: _____

Print Full Name: _____ Date: _____

The Exceptional Foundation of East Alabama

Policies for Participation

To maintain adequate staffing and ensure the safety and well-being of all participants, The Exceptional Foundation of East Alabama requires the following:

- I. Attendance Policy
 - a. Participants must adhere to their selected enrollment schedule.
 - b. To change a participant's enrollment schedule, written notice must be given prior to the 30th of the month.
 - c. Withdrawal from the program for any length of time without paying monthly tuition will automatically forfeit the participant's regular enrollment status, and The Exceptional Foundation of East Alabama reserves the right to offer the vacated spot to an individual on the admission waiting list.
 - d. To permanently withdraw from the program, written notice must be given to the Program Director prior to the last day of the participant's last month to attend. Full tuition is due for the participant's final month regardless of when attendance ceased.
- II. Payment Policy
 - a. Tuition is billed on the 1st of each month and is late after the 15th. Failure to pay by the 15th will result in a \$25 late fee. A \$25 late fee will also be applied for returned checks.
 - b. Unpaid balances after the 30th will result in suspension and/or dismissal from the program.
 - c. Credits are not given for absences, including those due to illness, inclement weather or other conditions/circumstances beyond our control.
 - d. The Exceptional Foundation of East Alabama does not accept cash payments. Credit cards, debit cards, checks and money orders are accepted.
 - e. There is no reduction in tuition for scheduled closings with the exception of the summer program.
 - f. Failure to pick up on time will result in a late fee. It is \$5 or the first 15 minutes and \$10 for every 5 minutes after that. The participant will be subject to suspension and/or dismissal upon the third violation.
- III. Field Trip/ Extra Event Policy
 - a. Participants will be signed up for field trips upon receipt of both a field trip form signed by the parent/guardian and full payment. Participants cannot sign themselves up for field trips nor attend field trips for which payment has not been received.
 - b. Credits will be issued for field trips when notice is given to the Program Director by 1:00 p.m. the day preceding the field trip(s) or when an individual placed on a waiting list for a field trip does not get to attend.
 - c. All balances from the previous month must be paid in full before and signing up for the current month's fieldtrips.
- IV. Health Policy
 - a. In case of illness, participants must be symptom free without medication for at least 24 hours before attending or returning to The Exceptional Foundation of East Alabama.
 - b. Daily prescriptions medications to be dispensed by The Exceptional Foundation of East Alabama staff must be provided on a weekly basis only in pre-packaged, blister pouches provided by the pharmacy. Each pre-packaged pouch contains exact dosages according to the time medication is to be administrated. Prescription medication not meeting this standard will not be dispensed.

- c. The Exceptional Foundation of East Alabama's "Authorized for Medication Form" must be filled out completely for each medication administered. The form must match the prescription label.
- d. Non-prescription medication must be in original packaging and clearly labeled with name and dosage instructions. Any medication not meeting this standard will not be dispensed.

The Exceptional Foundation of East Alabama Policies for Participation

Please keep the Policies for Participation for your record and return this signature page to The Exceptional Foundation of East Alabama.

I have read and agree to abide by The Exceptional Foundation of East Alabama's policies for participation.

Participant Name

Date

Print Parent/Guardian Name

Signature of Parent/Guardian