



Hosted By  
For The Exceptional

## PARTICIPANT APPLICATION

### ELIGIBILITY REQUIREMENTS

Willing to Participate    Independent (*Unassisted Toileting, Eating, Mobility*)    Exhibits Appropriate Behavior  
**All 3 Requirements must be checked in order to participate.**

### PARTICIPANT INFORMATION

Participate Name: \_\_\_\_\_  
Last First

Gender:  Male  Female   DOB: \_\_\_\_\_ School/ Teacher : \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt/Unit #

City State ZIP Code

Home ☎: ( ) \_\_\_\_\_ Alternate ☎ ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency ☎ ( ) \_\_\_\_\_

### PARTICIPATE BACKGROUND

Disability/ Diagnosis \_\_\_\_\_

Current Medications \_\_\_\_\_

Food or Other Allergies \_\_\_\_\_

Seizure History:  No  Yes   Date of last seizure: \_\_\_\_\_

Type of seizure  Petit mal  Grand mal  Focal

Activity Level in daily life :  Very Active  Moderately Active  Mostly Inactive

Special accomodates needed:

### SKILLS

Reading Level/ Ability: \_\_\_\_\_

Math Level/ Ability: \_\_\_\_\_

Verbal  High  Moderate  Low   Social Skills  High  Moderate  Low

Anything else that you think we should know about the participant? Likes/ Dislikes

Please complete this form for the Exceptional Saturdays, Respite Program and return it prior to first visit. This will only need to be done once, however, if the information changes, please let us know. Add any additional information you feel is important on the back. Thank You!



## Exceptional Saturdays Policy

*Effective August 1, 2014*

It is the goal of For The Exceptional to support the families that we serve by providing Respite Care through Exceptional Saturdays. Exceptional Saturdays provides a critically needed break for those who provide constant care to family members with special needs by allowing an opportunity to rest and recharge or to spend uninterrupted time with other family members.

In order to meet this goal it is important that we provide this care in an environment that is safe for participants, volunteers and staff. We also need to do this in a cost effective manner.

1. The fee for Exceptional Saturdays, Respite will be \$35 per day. This charge includes care from 10:00am -3:00pm, Snacks, Lunch, and any activities throughout the day. This is a flat fee and will not be prorated due to late arrivals/early pick-ups.
2. Reservations and cancellations (for reasons other than illness) must be made no later than Thursday of the week you wish to attend. This will allow us to ensure we have enough staff to cover the registered participants. Cancellations made after this time (except for illness/emergency) will be considered “no -- shows” and will incur a fee.
3. If your family member is ill, we do understand and ask that you keep him/her home. (A family member who chooses to sleep in on Saturday will NOT be considered ill and will incur a charge.) In the event of illness, you MUST CANCEL your reservation PRIOR TO 10AM ON SATURDAY or your account will be charged the full cost (\$35) of the respite. It is unfair to other families if they are turned away because you had a reservation you did not use.
4. We do maintain a “standing reservations” list for those who attend regularly. These participants are always on the reservation list unless they cancel. If you would like to remain on this list or be added to it, please confirm with a For The Exceptional Representative. Members of this list MUST CANCEL unneeded reservations NO LATER THAN THURSDAY (10 AM SATURDAY FOR ILLNESS) prior to the Saturday not being used. Anyone having 2 “no-shows” (reserving space but failing to attend or cancel), will be removed from reservations list.
5. If you would like to attend and do not have a prior reservation, you are welcome to call Saturday morning to fill any last minute vacancies.
6. Inappropriate behavior will not be tolerated and **WILL** result in immediate dismissal.

Please Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





**EXCEPTIONAL SATURDAYS INSURANCE WAIVER  
& RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in For The Exceptional “*Exceptional Saturdays*” and related activities, I and/or the disabled / minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or as a parent and/or legal guardian I will instruct the disabled and or minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the disabled / minor participant will immediately advise For The Exceptional of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the disabled / minor participant will be engaging in activities that involve moderate risk of serious injury which might result only from my own actions, inactions or negligence of others or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for damages and or injuries.
4. Release, waive, discharge and covenant not to sue For The Exceptional, its affiliates, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

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**Participant's Name**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my disabled and or minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE

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<b>Parent/Legal Guardian Signature</b>	<b>Parent/Legal Guardian Name</b>	<b>Relationship</b>	<b>Date</b>
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**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to For The Exceptional to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that For The Exceptional may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

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**Participant's Name**

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<b>Parent/Legal Guardian Signature</b>	<b>Parent/Legal Guardian Name</b>	<b>Relationship</b>	<b>Date</b>
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