

**Priority
Registration for
POAC Members!**



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Today!**

Kayaking for Children with Autism and their Parents

Saturday, September 11, 2010

(Rain Date September 24)

Forge Pond, Brick, NJ

This is a great afternoon event for children and young adults with autism and their parents!

In an effort to expand experiences for those with autism and offer new recreational opportunities, POAC, with funding from the Graeme Preston Foundation for Life, is presenting an hour of kayaking for children with autism and their parents. These will be tandem Kayaks so that parent and child can ride together. This event is for children and young adults with autism and their parents only. Space is limited and POAC members will be given first priority for registration. There will be two sessions to choose from, 2:00 to 3:00 pm and 3:00 to 4:00 pm. Please use this form for registration, no call in or email registrations will be accepted. Please print the following information and sign the waiver.

Name Of Child		Member #
Name of Parent	Time Preference – Circle one 2:00 pm or 4:00 pm	
Address : Street, City, State, Zip		
Phone Number	Email Address	
Height and Weight of Parent	Height and Weight of Child	

Informed Consent:

I _____ as the parent/guardian of _____ agree to let my child participate in this activity. I understand that there are certain risks of injury inherent in adventure and water oriented activities, as well as in other related activities incidental to my child's participation in the above described activities. I agree that my child is suitable to participate in the POAC Kayaking Event. In giving full consent for my child to participate in this activity, I do hereby waive, release, and hold harmless POAC and other related personnel for any injury that may be suffered by my child or myself in the normal course of participation in this event incidental thereto, whether the result of negligence or any other cause. I also authorize and give my full consent to **POAC** to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this event. I further agree that **POAC** may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art, advertising, and television programs without limitations or reservations.

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

Please send completed for to: **POAC Autism Services, 1999 Route 88, Brick, NJ 08724** or fax to **732-785-1003**. You will receive an emailed confirmation if accepted.

You must have a confirmation to participate.