

OUCARES
Film Camp Participant Registration Form

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------|
| Participant Name: | D.O.B: | Sex: <input type="checkbox"/> M or <input type="checkbox"/> F |
| Are you registering with a peer or sibling? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, enter their information in the table below. | | |
| Parent/Guardian Name: | Email: | |
| Home Address: | City: | Zip Code: |
| Cellular Phone: | Work or Home Phone: | |
| Current Diagnosis: | | |
| School District / Teacher's Name: | | |

PROGRAM REFUND POLICY

A refund will be issued only if requested in writing by July 1, 2009. Oakland University reserves the right to cancel a program for any reason.

PARTICIPANT INFORMED CONSENT

I understand that as the parent/guardian of the above participant(s), I agree to be accessible by phone in case of an emergency and be available to come pick up my child if needed. If my child requires additional support, I may be asked to stay for the duration of the program or provide a staff person to assist him or her. In addition, I have provided the necessary emergency information:

Doctor's Name

Phone Number

Medical Insurance Company

Policy #

I am aware that participating in Oakland University's activities or events, and use of the facilities and equipment involve risk of injury, including, but not limited to the range of minor contusions/abrasions to even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to participating, or attending and that is not possible to specifically list each and every individual injury risk. However, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the risks of injury, which could occur, by reason of my voluntary participation in the aforementioned of Oakland University.

Parent/Guardian Signature

Date

***PLEASE COMPLETE ONLY IF A PEER OR SIBLING IS ATTENDING WITH YOUR CHILD WITH ASD:
 Also, please complete the film camp questions for the peer/sibling that is attending – see page 3.**

| | | |
|------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------|
| Participant Name: | D.O.B: | Sex: <input type="checkbox"/> M or <input type="checkbox"/> F |
| Are you a registering with an ASD participant? <input type="checkbox"/> Yes or <input type="checkbox"/> No | | If yes, name of participant: |
| Parent/Guardian Name: | Email: | |
| Home Address: | City: | Zip Code: |
| Cellular Phone: | Work or Home Phone: | |

- Mail Completed:** Participant Registration Form / Signature Required
 Participant Information Form and Film Camp Participant Questions
 Program Fee of \$400 per person (**make checks payable to Oakland University**)

Mail To:
 Oakland University -OUCARES, 420 B Pawley Hall
 Rochester, MI 48309-4494

Participant Information Form (to be completed on individual with ASD)

Participant Name: _____

Person Completing Form: _____

PLEASE CIRCLE:

Response options: 2= usually 1= sometimes or partially 0= never

| A. Comprehension | | | |
|------------------------------------------------------------------------------------------------------------|---|---|---|
| 1. Listens to 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. Follows directions or instructions heard 5 minutes before. | 2 | 1 | 0 |
| B. Communication | | | |
| 4. Says at least 100 recognizable words | 2 | 1 | 0 |
| 5. Pronounces words clearly. | 2 | 1 | 0 |
| 6. Tells about experiences in detail (i.e. who was involved, where activity took place, etc.) | 2 | 1 | 0 |
| C. Self Care | | | |
| 7. Is toilet-trained and will tell an adult when they need to use the restroom. | 2 | 1 | 0 |
| 8. Cleans or wipes hands and face during or after meals. | 2 | 1 | 0 |
| 9. Seeks medical help when needed (i.e. recognizes own feelings of pain or illness) | 2 | 1 | 0 |
| 10. Follows directions for special diet or medications. | 2 | 1 | 0 |
| D. Relating To Others | | | |
| 11. Makes or tries to make social contact. | 2 | 1 | 0 |
| 12. Recognizes the likes and dislikes of others. | 2 | 1 | 0 |
| 13. Keeps comfortable distance between self and others in social situations. | 2 | 1 | 0 |
| 14. Conscious of avoiding rude or embarrassing comments in public. | 2 | 1 | 0 |
| 15. Shows good sportsmanship (i.e. follows rules, is not overly aggressive, does not get mad when losing). | 2 | 1 | 0 |
| 16. Responds appropriately to reasonable changes in routine. | 2 | 1 | 0 |
| 17. Does not taunt, tease or bully. | 2 | 1 | 0 |
| 18. Is overly dependent (clings to caregiver, teacher). | 2 | 1 | 0 |
| 19. Avoids others and prefers to be alone. | 2 | 1 | 0 |
| E. Behavior | | | |
| 20. Avoids dangerous or risky situations. | 2 | 1 | 0 |
| 21. Controls anger when he or she does not get his or her way. | 2 | 1 | 0 |
| 22. Is overly anxious or nervous | 2 | 1 | 0 |
| 23. Is impulsive. | 2 | 1 | 0 |
| 24. Has temper tantrums in school/camp setting. | 2 | 1 | 0 |
| 25. Is physically aggressive in school/ camp setting. | 2 | 1 | 0 |
| 26. Is more active or restless than others of same age. | 2 | 1 | 0 |
| 27. Swears | 2 | 1 | 0 |
| 28. Displays behaviors that cause injury to self and or others. | 2 | 1 | 0 |
| 29. Destroys others or own possessions on purpose. | 2 | 1 | 0 |
| 30. Is fearful of ordinary sounds, objects or situations. | 2 | 1 | 0 |
| 31. Has tics (i.e. involuntary blinking, twitching, head shaking, etc.) | 2 | 1 | 0 |
| F. Motor Skills | | | |
| 32. Runs smoothly without falling. | 2 | 1 | 0 |
| 33. Climbs on and off high objects (i.e. jungle gym, slide ladder). | 2 | 1 | 0 |
| 34. Catches tennis or baseball-sized ball, moving to catch if necessary. | 2 | 1 | 0 |
| 35. Ties shoes securely. | 2 | 1 | 0 |
| 36. Zips or fastens clothes when changing or using the restroom | 2 | 1 | 0 |

What motivates the participant to do well and/or helps manage behavioral issues? _____

Assistance

- Yes, the participant will need assistance (If my child requires additional support, I may be asked to stay for the duration of the program or provide a staff person to assist him or her.)
- No, the participant will not need assistance
- Unsure at this time, please contact me for further discussion

Film Camp Participant Questions

Participant Name: _____ Age: _____

1. What are your hobbies and interests? What do you most like to do?
2. Why are you interested in attending the Film Camp? What would you like to do at camp?
3. Have you ever participated in a program like this before? (previous theatre/drama experience, school/church play, family videos, acting or film classes, etc.)
4. What aspect of filmmaking would you like to do the most? (i.e.: acting, filming, lighting, editing, art work, props/costumes, etc.)
5. What is your favorite movie? Why?