



Autism Awareness Night at Please Touch Museum Saturday, April 7, 2012, 6-9PM

For families that wish to register more than one child with ASD,
Please fill out a separate form for each child.
(make photocopies if you've received only one form)

Child's Last Name:		Child's First Name:	
Address:			
City:		State:	Zip:
Child's Date of Birth:		Child's Age:	
Child's Diagnosed Disability: PDD-NOS Autism Asperger's Syndrome Rett's Syndrome			

New policy: In order to reach our intended audience we are now requiring that an Intake Form be filled out by a licensed practitioner to verify your child's disability. You must only submit this form once. We will then keep it on file and assign your child a unique Member Identification Number. If you have already received this number (via email), please write it in below. If you have not submitted an Intake Form, please do so. Our Intake Form can be found at <http://www.varietypbila.org/media/docs/UpdatedIntakeFormJan20122.pdf>

Child's Variety Member ID#:	
Name(s) of Child's Parent(s) or Legal Guardian(s):	
Daytime Phone: ()	Evening Phone: ()
Email Address:	

By placing your signature below, you certify that the information provided is true.

Name _____ Date ____/____/2012

Your relationship to child: _____

(please complete both sides)

Waiver, Release and Consent Agreement

For and in consideration of free admission into Variety – The Children’s Charity’s “Autism Awareness Night at Please Touch Museum”, an event held on April 7, 2012, I, the undersigned, on behalf of myself and as parent and/or legal guardian of all children accompanying my group, do hereby agree as follows:

Whereas the undersigned desire to participate in “Autism Awareness Night at Please Touch Museum”, a charitable event sponsored by Variety – The Children’s Charity of Greater Philadelphia, I understand and agree that Variety – The Children’s Charity, Variety Club Camp (and all of its affiliates), Please Touch Museum, and all related sponsors, vendors, employees, agents, directors, volunteers and staff (hereinafter collectively referred to as “Released Parties”) shall not be responsible or legally liable for any loss of personal property, or any bodily injury, including death, incurred or suffered by me or any children accompanying my group as a result of our participation in “Autism Awareness Night at Please Touch Museum” or our presence on the property of Please Touch Museum and/or Variety – The Children’s Charity. As a further condition of our participation, we agree to forever remise, release, discharge and hold harmless the Released Parties for any and all claims at law or equity that I or any children accompanying my group, or any heirs, successors and/or assigns have, had or will have stemming from our participation in “Autism Awareness Night at Please Touch Museum” or our presence on the property of Please Touch Museum and/or Variety – The Children’s Charity.

Additionally, I agree to indemnify and hold harmless the Released Parties from or related to any loss of personal property and/or bodily injury, including death, resulting from our participation in “Autism Awareness Night at Please Touch Museum” or our presence on the property of Please Touch Museum and/or Variety – The Children’s Charity.

I hereby give my consent for medical treatment should I or any of the children accompanying my group be involved in an accident and/or health-damaging situation while participating in “Autism Awareness Night at Please Touch Museum” or while present on the property of Please Touch Museum and/or Variety – The Children’s Charity.

Additionally, I give my consent to the Released Parties to use any of my or any of the children accompanying my group’s names, photographs, likenesses, writings, audio/visual, motion pictures and biographical information related to this event only, in any media for editorial, educational, promotional or advertising purposes. This consent shall be binding on myself and the heirs, executors, administrators and/or assignees of the children accompanying my group.

**The waiver on this page applies to everyone listed below.
Only those people listed below are permitted to attend.
Please list everyone attending, including the child with a disability.
Be sure that both parents/guardians sign below**

****Families may bring up to 5 people (including the child with autism) and a TSS/Aide****

Name	Signature (if 18 years of age or older)	Date	Relationship to Variety Child
1.		/ / 2012	Child
2.		/ / 2012	Parent/Guardian
3.		/ / 2012	
4.		/ / 2012	
5.		/ / 2012	
6.		/ / 2012	TSS

By signing below, I agree to the waive, release and consent for myself and on behalf of each child attending with me.

X _____
Parent/Guardian Signature

X _____
Parent/Guardian Signature

Please fill out the following and include it with your registration form!

There is a \$20 donation required per FAMILY.

- I have enclosed a check for \$20 (*checks should be made payable to Variety-the Children's Charity*)
- Please charge my credit card for \$20.00

Credit Card Type: Visa Discover MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address (if different from above): _____

Please return the registration form along with your \$20 donation to:

**Variety-the Children's Charity
Attn: 2012 PTM Event
1520 Locust Street, 2nd Floor
Philadelphia, PA 19102**

Or fax it to: (215) 735-2450, Attn: 2012 PTM Event

****Please allow 5-7 business days for us to process your registration form. We will then mail you a confirmation letter that you will use as your ticket to the event.****