



Parents Training Workshop Registration

Workshop: A Guide To Meaningfull Play and Communication

Attendant's Information

Attendant's Name: _____

Contact: _____

Relationship to Child: _____

Have you attended any other training workshop before?

NO Yes : _____

Child's Information

Child's Diagnosis (If applies): _____

Child's Age: _____

Child's School Placement: _____

Child's Additional Support/Therapy:

ABA SLP OT PT

Others: _____

Goals and Targets

What is your main concerns?

What would you like to learn in this workshop?

Waiver and Release of Liability

I agree that this Waiver and Release of Liability shall apply to Glowing Growth Autism Services Inc. Social Group I attend regardless of the date.

Unless stated otherwise, I give to Glowing Growth Autism Services Inc. Social Group the permission to use any pictures, videos, or other media obtained for communication purpose between attending families ONLY.

I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while on the premises of the play space or participating in any on-site program or activity, and to the maximum extent of the law.

I further agree to release, indemnify, defend and hold Glowing Growth Autism Services Inc. harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

Attendant's Name _____

Attendant's Signature

Date
