



**AccessSportAmerica: High-Challenge Sports Program 2010**  
Sponsored by The Doug Flutie, Jr. Foundation for Autism, Inc.

(Please Type or Print Clearly)

**Participant's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Day Phone#:** \_\_\_\_\_

**Evening Phone #:** \_\_\_\_\_

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

*Please answer the following questions:*

**How did you hear about this program?**

**Please describe your child's disability.**  
**Primary Diagnosis:**

**Do you or your child have seizures or other ongoing medical issues that we should know about? Please describe.**

**Do you or your child have any allergies that we should be aware of? Please describe.**

**Do you or your child have any specific fears that we should know about? Please describe.**

**Does your child have any behavior issues that we should be aware of? Please describe.**

**Are there any medications that your child is currently taking that we should be made aware of?**

**Additional Comments:**

**1 ¼ hour Weekday sessions**

**All weekday sessions are held at Reservoir Lake at  
Mass Hospital School in Canton, Massachusetts, 3 Randolph St., Canton, MA. 02021**

**Session 1: 2:30 – 3:45**

**Session 2: 3:45 - 5:00**

**Available Dates:**

**Monday – 6/28, 7/5, 7/12, 7/19, 7/26, 8/2, 8/9**

**Tuesday – 6/29, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10**

**Wednesday – 6/30, 7/7, 7/14, 7/21, 7/28, 8/4, 8/11**

**Thursday – 7/1, 7/8, 7/15, 7/22, 7/29, 8/5, 8/12**

**1 ½ hour Saturday Sessions**

**Locations: Mass. Hospital School, Canton, MA & Spaulding Rehab in Boston, MA**

**Session 1: 10:00AM – 11:30AM**

**Session 2: 11:30AM – 1:00PM**

**Session 3: 1:30PM – 3:00 PM**

**Session 4: 3:00PM – 4:30 PM**

**Available Dates:**

**Canton – 6/5, 6/19, 7/10, 7/24, 7/31, 8/7**

**Boston – 6/12, 7/17**

Please list first eight (8) preferences from the dates above.

AccesSportAmerica will call with availability and preferences. Once AccesSportAmerica calls with your schedule, you will be sent a bill for the sessions you are scheduled for. Payment will be based on a sliding scale from \$10-\$50 per session.

**Please indicate what you can afford to pay per session \$ \_\_\_\_\_**

***Cancellation Policy:*** *If you cannot attend one of your scheduled sessions, please contact AccesSportAmerica at least 24 hours prior to the session so the slot can be filled by another participant. If you do not notify AccesSportAmerica 24 hours prior, you will be charged for the session.*

**Please see following page for an example on filling out choices.**

**1<sup>st</sup> Choice:**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

**2<sup>nd</sup> Choice:**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

**3<sup>rd</sup> Choice:**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

**4<sup>th</sup> Choice:**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

**5<sup>th</sup> Choice:**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

**6<sup>th</sup> Choice:**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

**7<sup>th</sup> Choice:**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

**8<sup>th</sup> Choice:**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

**Example:**

If your first choice is the Saturday, June 12<sup>th</sup> session at Spaulding Rehab in Boston for the 11:30 – 1:00 session, and your second choice is the Wednesday, July 7<sup>th</sup> Session at Canton from 2:30 – 3:45, you would write:

**1<sup>st</sup> Choice:**

Date: 6/12

Session: 2

**2<sup>nd</sup> Choice**

Date: 7/7

Session: 1

Please send application and attached waiver to:

The Doug Flutie, Jr. Foundation  
Attn: Summer Camp  
PO Box 767  
Framingham, MA 01701

Or Fax to: 508-270-6868

**The Doug Flutie, Jr. Foundation for Autism, Inc.**

Phone: 508-270-8855

Toll Free: 1-866-3AUTISM

[www.dougflutiejrfoundation.org](http://www.dougflutiejrfoundation.org)

**Once AccesSportAmerica contacts you to schedule your child's sessions, you will be sent an invoice payable upon receipt. Checks can be made payable to The Doug Flutie, Jr. Foundation for Autism and mailed to the address above.**

