



STUDENT REGISTRATION FORM
 KindTree-Autism Rocks
 2019 STiLE Winter-Spring Trainings
 www.kindtree.org



Training	Days	Dates	Times	Location	Cost
Jewelry Expressions	Mondays	1/7-3/25 4/8-7/1	10:15a-12:15p	532 C St. Springfield	\$205 per 12 week session or agency rate
Music Writing and Performance	Mondays	1/7-3/25 4/8-7/1	4:00-5:30p	Hilyard Center 2580 Hilyard St Eugene	\$155 per 12 week session or agency rate
Women's Empowerment	Tuesdays	1/8-3/26 4/2-6/18	2:00-3:30p	LILA 20 E. 13 Ave. Eugene	\$155 per 12 week session or agency rate
Performance Art and Video Production	Tuesdays	1/8-3/26 4/2-6/18	5-7p	CSPACE, 530 C St., Springfield	\$205 per 12 week session or agency rate
Performance Art and Video Production	Wednesdays	1/9-3/27 4/3-6/19	5-7p	CSPACE 530 C St., Springfield	\$205 per 12 week session or agency rate
Video Gaming Social Group	Thursdays	1/10-3/28 4/4-6/20	3-5p	CSPACE 530 C St. Springfield	\$205 per 12 week session or agency rate
Make It Tasty Cooking	Fridays	1/11-3/29 4/5-6/21	10:15a-12:30p	1025 G St., Springfield	\$235 per 12 week session or agency rate
Dating on the Spectrum	Thursdays	1/10-3/28 4/4-6/20	5-7p	CSPACE 530 C St. Springfield	\$205 per 12 week session or agency rate
Gatherings	Thursday	1/17, 2/14 3/14 4/18 & 5/16	5:30-7:30p	CSPACE 530 C St. Springfield	Free
IMPROV	Wednesdays	2/6-4/3 4/10-5/29	4:15-5:30p	Reality Kitchen 645 River Rd. Eugene	\$100 per 8 week session
Community Outings and Adventures	Tuesdays Saturdays	Tu 1/8-6/18 Sa 1/5-6/22	Tue. 2-6p Sat. 10a-5:30p	Community	Cost based on agency rate Check for space availability

STiLE is an educational program for youth and adults 11 years and older on the autism spectrum (or with other developmental disabilities) that provides skills training with individualized support in a small group setting. Individuals must be eligible for DD services with the State of Oregon, have an Individual Service Plan (ISP) and an agency PA or Service Coordinator to receive funding for these trainings, or enroll using private funds. See the current listing of trainings on our website or call 541-780-6950 with questions.



STiLE Student Registration Form

Registrant's Information:

Your Name _____ Phone Number _____

Your Address _____ City _____ State _____ ZIP _____

Birth Date _____ Email _____ Cell Phone Number _____

Height _____ Weight _____ Hair Color _____ Eye Color _____ Eyeglasses? Y ___ N ___

Emergency Contact: _____ Emer. Contact Ph # _____

Relationship to you: _____ Email: _____ Address: _____

What is your primary disability diagnosis: _____

What is your ethnic group: Caucasian: ___ Asian: ___ AfricanAmerican: ___ Native American: ___ Hispanic: ___ Mixed: ___ Other: ___

Who is funding your registration: Self: ___ Family: ___ Brokerage: ___ Agency: ___ Other: ___

Payment Enclosed \$ _____ Paid Online \$ _____ Date Pd Online _____ Balance Due \$ _____
(\$50 minimum due before start of training. Balance due by second training)

Brokerage Name: (If applicable) _____ PA Name: _____

"I commit to attending all of the scheduled sessions, except in emergencies." SIGNATURE REQUIRED

Sign here, please _____ Date _____

Print and Mail form and (non-agency) payment to: Kind Tree - Autism Rocks, PO Box 40847, Eugene, OR 97404

Pay online with Paypal using a Visa or MasterCard on www.kindtree.org/stile

Questions: admin@kindtree.org 541-780-6950 www.kindtree.org

*Registration after term begins is OK,
if space is available*

*For Scholarship information:
stile@kindtree.org*

*Participant
Information Form
MUST be on file*



**Student Information Form
Liability, Medication and Photo Release**

KindTree-Autism Rocks requires that any individual registered in a STiLE training complete this form. It will be kept on file and only shared with trainers and volunteers working directly with you. Mail the completed form to KindTree-Autism Rocks/STiLE P.O. Box 40847, Eugene, OR 97405.

Name: _____ Male _____ Female _____

Address: _____ City _____ Zip _____

Email Address _____ Date of Birth ____/____/____

Height: _____ Weight: _____ Hair color: _____

Home Phone _____ Cell Phone _____ Message Phone _____

Primary Guardian: _____

Please provide us with the following information so we can better serve your needs.

EMERGENCY CONTACT INFORMATION

Name of parent(s), home provider, or designated contact: _____

Phone: (day or evening) _____ (work) _____ (cell) _____

Email: _____ Address _____

City _____ State _____ Zip _____

Relationship to you: _____ Name of Service Coordinator: _____

Primary Doctor's Name: _____ Dentist's Name: _____

Medical insurance Company: _____ Policy # _____

Clinic or Hospital of choice: _____

Are you able to give consent for medical treatment in event of emergency: **No** **Ye**

HEALTH & SAFETY INFORMATION

Are you currently taking any prescriptive medications? No Yes

Are you able to take medications independently? No Yes

If you answered no to the above question, please read and initial the following. I give permission to the KindTree-Autism Rocks STiLE instructors to assist me in taking prescription medications if needed during training. I will supply the medication in its original prescription vial showing dosage, times, and amounts. _____ Initials

Do have any allergies to food, medicine, and/or insect bites? No Yes If yes, please

explain: _____

Do you experience seizures: No Yes If yes, please describe the type and

frequency: _____

Do you have any life threatening conditions that could require medical intervention such as heart problems, diabetes, or unexplained falls? No Yes If yes, please explain

Please share any other important and pertinent medical, health, or safety information in the space below. This information is considered confidential and will be shared only to ensure your safety and welfare.

BEHAVIORAL INFORMATION

Are you on any management plan for behavior? No Yes If yes, please attach the plan to this form.

Please check if the following situations or events that may be triggers:

- Loud Noises Large/open space(s) Internal Temperature (hot/cold) Animals
 Weather Odors/Smells Crowded Places Small/Closed space

Please add any additional information concerning triggers or conditions that we should be aware of and/or any helpful accommodations or supports that would be helpful.

SUPPORTS AND ACCOMMODATIONS

Please check the level of support you need to complete the following activities

Activity	No Support	Some Support	Full Support
Self Help			
1. Toileting and Hygiene			
2. Select, purchase and care for clothing			
3. Plan and prepare meals			
4. Eating and drinking			
5. Dressing and undressing			
Community Involvement			
1. Uses public transportation			
2. Participates in community recreation			
3. Attends public events and activities			
4. Counts money and uses banking services			
5. Interacts with others in the community			
6. Schedules appointments			
Advocacy and Self-Determination			
1. Attends education and skills training classes			
2. Makes choices and decisions			
3. Protects self from harm			
4. Uses self-management strategies			
5. Advocates for self			
6. Advocates for others			
7. Sets goals for self			

HEALTH AND DISABILITY INFORMATION

The following information is required

Primary Disability: _____

Secondary Disability: _____

RELEASE FROM LIABILITY AGREEMENT

I understand that KindTree-Autism Rocks' STiLE trainings are offered with the utmost thought, work, and prudence and with the safety of the participants in mind.. Medical insurance coverage is not provided for individuals. In consideration of the right to participate, each participant must acknowledge there are risks inherent in any kind of activity, and must agree to assume those risks on his/her own behalf, release and holding harmless KindTree-Autism Rocks, its officers or agents from all claims for injury or losses suffered from participation. An additional Release from Liability Agreement, signed by the participant or guardian, may be required for participation in some activities. Photographs of students in training and activities may be used for publicity purposes without compensation or permission. Registration and/or payment of any registration fee shall be deemed an admission of agreement to the terms stated above.

Signature _____ Dated _____

Ways to Register
 Online: www.kindtree.org/stile
 (Visa, MCard, Paypal)
 By phone: 541-780-6950
 By mail: Send registration form to
 KindTree-Autism Rocks,
 PO Box 40847, Eugene, OR, 97404.

