

**Community Options, Inc.**

**4th Annual iMatter Surf Camp for Kids with Autism**

Saturday, August 14, 2010

Cupsogue Beach –Westhampton, New York

Registration Begins: 9:30am

Camp begins at: 11:00am

*Lunch is provided*



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**Parent/ Guardian Info** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Surfer's Info** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Verbal: Receptive** \_\_\_\_\_

**Swimming Ability:** \_\_\_\_\_

**Highly Impatient:** \_\_\_\_\_ **Anxious:** \_\_\_\_\_

**Likes Water:** \_\_\_\_\_

**Repeat Surfer Y/N**      **If yes, how was the experience?** \_\_\_\_\_ --

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**Waiver/Release:** in consideration of this entry being accepted, I hereby, for myself, heirs, executives and administrators, waive and release all claims and causes of action I have against Community Options, Inc, iMatter Surf Camp, Suffolk County, Cupsogue Beach, volunteers, and any all parties involved in the iMatter Surf Camp, for injuries I may suffer, and for any other loss or liability connected with the event. I certify I am physically able to participate in the event and grant permission to use my likeness in any photographic record of Community Options, Inc.

\_\_\_\_\_  
Signature (Parent/guardian if participant is under 18 years of age)

\_\_\_\_\_  
Date

Please email or fax your registration to the attention of:

Jessica Guberman

Fax- 973-927-5170

jessica.guberman@comop.org