



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FRIENDS, FUN, FITNESS AND FUSION

Quad F

Alex W. Spears III Family YMCA

We are an alliance that focuses on welcoming people on the Autism Spectrum. The Spears Family YMCA, in collaboration with local autism groups, runs a program for Adults with Autism and other communication disorders who have trouble with social interactions.

QUAD F is dedicated to developing friendships, motivating each other, having fun and promoting fitness, fusion and community engagement. During the program, the participants will eat together and do at least two of the following activities: swim, basketball, yoga, workout in fitness room, etc. This program was made possible through a challenge grant from the Tannenbaum-Sternberger Foundation and the William A. Stern Foundation. QUAD F is recommended for adults who can participate in a social group independently. To ensure that the group is most beneficial for all, participants must complete an interview prior to enrollment.

Wednesdays at 6:30-8:00PM

January 23, 30,
February 6, 13, 20, 27,
March 6, 13, 20, 27
April 3, 10, 17 and 24.

Ages: 18 and up

Registration Fees: \$20.00 YMCA members
\$20.00 Non members made possible through a grant from Tannenbaum-Sternberger Foundation.

For more information please contact:

Carlie Pudney, Quad F Program Coordinator email: carlie.pudney@ymcagreensboro.org

Shanae Lewis, Quad F Program Facilitator email: shanae.lewis@ymcagreensboro.org



ALEX W. SPEARS III FAMILY YMCA

3216 Horse Pen Creek Greensboro, NC 27410

P 336 387 9622 F 336 387 9620 www.spearsymca.org A United Way Agency

Our Mission: "To put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all." Financial Assistance available.



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To participate in Quad F, you must be able to do the following:

1. Participate in a social group alone.
2. Do self care independently.
3. Be unsupervised in a public place for 30 minutes.
4. Get yourself to a specific place by a specific time within a building (not driving to a place).
5. Follow directions in a group situation.
6. Be respectful of others in a social group.
7. Maintain self control in emotional situations without resorting to name calling, verbal or physical threats or engaging in disruptive behavior.

If this is your first time participating in Quad F please answer the questions below:

Why do you want to join this group?

What do you hope to get from participating in this program?

What gifts, talents or things can you do to help this program be successful?

What are your calming activities? _____

Do you have any sensory issues? _____

How do you get back on track? _____

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QUAD F Winter/Spring 2019

Full Name _____ Date of Birth _____ Age _____

Phone _____ E-mail Address _____

Address _____

City _____ State _____ Zip _____

Food Allergies _____ Circle: Male or Female T-shirt size: _____

In an emergency, please contact: Name _____

Relationship _____ Phone _____

RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) **GENERAL RELEASE:** I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) **MEDICAL RELEASE:** I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) **INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE.** You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) **PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Today's Date: ___/___/___ Applicant or Parent/Legal Guardian Signature: _____

JAN19 05QUADF

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