



# Registration for SuperStars Saturdays 2025

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Ethnicity (Optional): \_\_\_\_\_

School: \_\_\_\_\_ Grade (in fall): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Persons authorized to pick up my child from camp:  
\_\_\_\_\_

SuperStars Saturdays \$35 (Members)

SuperStars Saturdays \$45 (Non-members)

Date(s):

Feb 15                       Aug 16

Mar 15                       Sep 20

May 17                       Oct 18

Jun 21                       Nov 15

Jul 19                       Dec 20

**Make check payable to:**

Autism United of Wisconsin

**If you are using CLTS Waiver**, please provide your Coordinator's information:

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

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

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

**Mail this form to:** Autism United of Wisconsin  
Attn: SuperStars  
3720 N. 124th Street, Suite O  
Wauwatosa, WI 53222

**Questions?**

Autism United of Wisconsin 414.988.1260 - info@autism-united.org

## Medical History

Health Insurance Policy Holder's Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Does your child suffer from a medical, physical, emotional or behavioral issue which might affect his or her safety while at camp?  Yes  No

If yes, please describe: \_\_\_\_\_

Does your child take medication daily?  Yes  No

If yes, will your child be bringing any prescription or non-prescription medication to camp?  Yes  No

If yes, please list medication(s) and dosage instructions: \_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any food or insect stings?  Yes  No

If yes, please specify allergy: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

I certify that the information provided above is accurate to the best of my ability.

Parent or Guardian Signature: \_\_\_\_\_



# Release Waiver | Accident Release | Financial Responsibility Waiver

By registering for **SuperStars** I declare that my child is in the necessary physical condition and has no disease or injury that would be aggravated by participation in activities related to **SuperStars**. I understand the activities provided by **SuperStars** as well as understand the inherent dangers and the possibility of not reasonably foreseeable risks involved with my child’s participation in these programs including the risk of personal and bodily injury and damage to my child and my property while participating in these programs. I further understand and acknowledge that participants in such programs are not covered under insurance of **SuperStars or Autism United of Wisconsin**. I hereby give my consent and authorize and grant permission to the representative(s) of **SuperStars** to administer first aid and/or to obtain emergency medical care or treatment from any licensed physician or hospital. I freely and voluntarily execute this release and with such knowledge, assume the risk of personal injury and/or property loss arising from or in any connection with my child’s participation in **SuperStars**.

**Parent or Guardian Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby release and forever discharge **SuperStars and Autism United of Wisconsin**, including their employees and volunteers and any and all agents of **SuperStars** from any and all liability, claim, cause of action, demand or damages from injury, damage or loss of any kind to my child and my property as a result of my child’s participation in **SuperStars**. I further waive, release, absolve and agree to indemnify and hold harmless **SuperStars and the Autism United of Wisconsin**, their employees and volunteers as a result of my child’s participation in **SuperStars** and hold harmless the named entities for any harm and liability when someone I have authorized in writing transports my child to/from the camp. I understand that if my child becomes a disruptive force during the educational program that the instructor may choose to release him/her from the program. In-person camp has limited capacity and admittance will be on a first-come first served basis.

**Parent or Guardian Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please identify any behavior issues or special education needs. We reserve the right to decide if such behavioral issues are appropriate for **SuperStars**. I have been given the opportunity to ask any questions by calling **SuperStars** at 414.699.9013 or the **Autism United of Wisconsin** at 414.988.1260, or by emailing [info@autism-united.org](mailto:info@autism-united.org).

**Parent or Guardian Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that it is my responsibility to contact the camp administrator and provide a food allergy action plan if one is necessary for my camper.

**Parent or Guardian Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission to **SuperStars and Autism United of Wisconsin** or their employees, volunteers or representatives to take and use my child(ren)’s picture and/or quotes for any purposes whatsoever including advertisement and publicity through any media including radio and television. I further agree that all property rights in and to any advertising or publicity materials, films, or recordings containing my pictures or quotes or my child(ren)’s are the sole and exclusive property of **SuperStars and Autism United of Wisconsin**.

**Parent or Guardian Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

