Autism Society
OF THE
RMWB

Transitions Program Handbook for Participants and Guardians

UPDATED OCT 2026

Autism Society of the RMWB

Established in 2016

Our Mission

We are committed to creating an inclusive community through programming, supports, and understanding for autistic individuals in our region, and all those living with a disability and their families across the lifespan.

Our Vision

A region where autistic individuals and all those living with a disability are valued and are participating members of the community. A region that recognizes that all citizens have the right to live, work, and play.

Our Guiding Principles

- Support an inclusive community by respecting all people, valuing diversity, and a commitment to equality.
- Promoting education and acceptance around autism, neurodiversity, and disabilities to create an understanding and inclusive community.
- Empowering autistic and neurodiverse individuals and those with disabilities to achieve their goals.
- Inspiring optimism in the community.
- Provide an emotionally safe and supportive environment.

Program funded by:

Welcome to the Program!

The Transitions Program was created for neurodiverse youth and adults to participate in fun activities and experiences with fellow peers, find employment, and explore post-secondary education and volunteer opportunities. Participants attending the program practice social skills while interacting with their peers and simultaneously learn skills such as independence, responsibility, and accountability. In this program, youth and adults also learn practical life skills such as managing money, using public transportation, and self-advocacy. The activities in the Transitions Program will include, but are not limited to games nights, swimming, skating, golfing, craft nights, and volunteering in the community at local events such as the Canada Day parade and Festival of Trees, and with local agencies such as the Food Bank, Wood Buffalo Regional Library, and SPCA.as Canada Day, Festival of Trees and with local agencies such as the Food Bank and SPCA.

Who can join the Program?

The program is designed for neurodiverse youth and adults aged 16 and up.

How do we access the program?

The first step will be to meet with the Transitioning to Adulthood Coordinator. In this meeting, the coordinator will discuss the adult/youth's interests, strengths, sensory needs, and goals for entering the program. They will also be oriented to the Chat n' Chill and Life Skills program to see which activities are the best fit for them!

How do I sign up for activities?

After meeting with the Transitioning to Adulthood Coordinator, the adult/youth's membership will be approved. The next step is to download the free 'Wild Apricot for Members' app, which will allow the adult/youth to register and monitor future events.

What kind of activities are available?

In the Transitions Program, there is a new scheduled activity every week! Activities include swimming, rock-climbing, video games nights, arts and crafts nights, movie days, cooking, bowling, holiday events, and everything in between!

Are there fees associated with the program?

There are no registration fees for the Transitions Program. However, there may be costs associated with specific outings, such as going swimming, visiting the movie theatres, etc.

What if I cannot afford the cost of activities *(admission, lunch, transit passes, etc.)?*

Please contact the Transitioning to Adulthood Coordinator to discuss your individual situation and ways to mitigate costs associated with these activities.

What happens on the day of the activity?

Once the youth/adult is registered for the activity, participants are responsible for transportation to and from the designated meeting spot on the day of the event. Please refer to the Wild Apricot app for all information associated with these activities, including meeting points. The flexibility of this program also allows participants to stay at the event for as long as they would like and to leave at a time of their choosing.

What other services can we access?

The Transitions Program also offers access to the Transitioning to Adulthood Program upon request.

Program Accessibility:

The Autism Society of the Regional Municipality of Wood Buffalo's Chat 'n' Chill Room is located on the lower level of the Unifor 707a building, 10019 Macdonald Avenue, Fort McMurray, Suite 5B. The building is accessible by both public and private transport. The municipal bus terminal is a short walk (400m) from the building. There is free parking available at Unifor 707a, with two designated spaces for Blue/Red Badge users. The building has an accessible path to travel to the entrance of the building and an elevator to access the lower level. Access throughout the building, including washrooms, is suitable for people with disabilities.

The Autism Society of the Regional Municipality of Wood Buffalo's Life Skills Apartment is located at 117 Millennium Gate, Fort McMurray, townhome #28. The building is accessible by both public and private transport. The building has an accessible path to travel to the front entrance of the building. Access throughout the building, including washrooms, is suitable for people with disabilities.

Who are the support staff?

Support staff are experienced in supporting youth and adults with a variety of skills such as developing social skills by building friendships, maintaining friendships, and initiating and exiting conversations. All our staff have First Aid Training (Level C) + CPR, Nonviolent Crisis Intervention training, a current criminal record and child service intervention check, and a valid driving licence and adequate auto insurance for transporting youth/adults to and from events. All supportive staff members are supervised by the Executive Director.

What is the ratio of staff to participants?

The Transitions Program operates on a maximum staffing ratio of 6:1, with a minimum of two staff members present per shift. This ratio allows staff to maintain support for individuals who require one-to-one assistance.

The participant needs 1:1 care - are you able to provide this service?

The Transitions Program does not provide 1:1 care. However, once a liability waiver is signed and completed, support workers are more than welcome to attend with participants.

The participant has difficult behaviours. Are they still welcome in this program?

The Autism Society of the RMWB believes that with the right information and support from program staff and family members, participants can find success in the Transitions Program! Participants will have access to our sensory room and sensory tools at both locations to help with self-regulation. Additionally, the support staff and program facilitators are familiar with a wide range of behaviours and are confident in supporting youth/adults through strong emotions. All program staff are also trained in Nonviolent Crisis Intervention. This training emphasizes verbal de-escalation techniques and the prevention of challenging behaviours by supporting the individual's social and emotional needs in a positive manner. For any specific questions or concerns about support or behaviours, please contact the Executive Director.

Does the participant need to bring anything for scheduled activities?

If the participant needs to bring activity-specific items (i.e., sunscreen, a bathing suit, running shoes, etc.), it will be outlined on Wild Apricot during the registration process. If the youth/adult requires specific items for sensory or self-care needs (i.e. headphones, sunglasses, chew tubes, personal care items, etc.), it will be the parents' or participants' responsibility to send these items.

Policies & Procedures

Accidents and Injuries:

- If an accident occurs during the program, which results in an injury, the program staff will take appropriate steps to treat the injury, inform parents/legal guardian, and document the incident using the Incident Report Form.

Medication Administration:

- Medication may only be administered by program staff on completion of a Medication Consent Form (prior to session) which must clearly state the dosage and time to be administered.
- Emergency medications will be delivered as per Alberta OH and S regulations.

Transportation:

- The Autism Society of the RMWB will ensure the safety of participants being transported to all program activities.
- When youth/adults are transported using personal vehicles of staff or volunteers, proper safety devices, including seatbelts and when necessary, by law are always to be used.

Respectful, Inclusive & Engaging Environments:

- The Autism Society of the RMWB will create a positive program environment that enriches the Society experience for youth, adults and families.
- The social environment of the program will be safe, positive, inclusive, and welcoming for youth, adults and families. The program environment nurtures a sense of belonging and club 'ownership" among youth, adults and families.
- Respect for staff and other participants is a key value for the Autism Society of the RMWB. It means treating everyone with dignity, courtesy, and appreciation, regardless of their role, background, or opinions.

Program Safety:

- Appropriate measures will be taken to ensure the health and safety of all participants in Autism Society of the RMWB's programs, including during field trips.
- To ensure proper care and contact in the event of an emergency, the parent or legal guardian will provide relevant health information on the information form completed upon registering Society activities. The Program Facilitator will have access to each participant's health information during program activities.

Illness:

- To ensure the health and well-being of the participants in the program, no youth/adult, staff or volunteer will be permitted to attend an activity if they have the following symptoms: fever, vomiting, diarrhea, pink eye or any other contagious illness.
- If participants symptoms appear during a Society program, the Program Facilitator will call parent/guardian to pick the youth/adult up. If the parent/guardian cannot be reached, their emergency contact will be called.

Cancellation:

- If session is cancelled by ASRMWB a refund or credit will be offered, for paid events.
- If cancellation is made by parents giving a minimum of 24hrs notice a full refund or credit will be offered, for paid events.

TRANSITIONS PROGRAM INTAKE FORM

PARTICIPANTS INFORMATION		
Surname	Middle Initial	First Name
Address (No. and Street)	City	Postal Code
Email	Phone	
Highest Level of Education Completed		

PARENT/GUARDIAN INFORMATION		
Parent/Guardian 1: Primary? Yes/No		
Surname	Name	
Address (No. and Street)	City	Postal Code
Email		Phone
Relationship to Applicant		
Parent/Guardian 2: Yes/No		
Surname	Name	
Address (No. and Street)	City	Postal Code
Email		Phone
Relationship to Applicant		

Please complete all sections to the best of your knowledge. The information provided in this package will remain highly confidential and will not be shared outside the Autism Society of the RMWB without the applicant's permission.

PARTICIPANT ABILITIES AND INTERESTS

Is the participant able to read and write? Yes/No

Please list interests and hobbies:

Any special abilities? E.g. athletic, artistic, musical, other.

Academic strengths or weaknesses?

Favourite activity in school?

Any extracurricular activities?

Ever had a job? If so, indicate when, for how long and the job activities:

Level of physical activity? Low/Moderate/High

Comments:

Ever participated in volunteer/community service?

If yes, please specify:

GOALS AND ASPIRATIONS

What are the participants' goals for this program?

What are the participants' future goals? (College, work, friendships, etc.)

Any additional information participants would like us to know:

PARENT/GUARDIAN STATEMENT (TO BE COMPLETED BY PARENT/GUARDIAN)

Please explain areas your child excels in and areas for growth:

What are three goals you would like your child to achieve in the Transitions program?

Are there any special considerations/behavioural issues Autism Society RMWB should be aware of specifically regarding anger management, personal habits, and potential for self-harm and oppositional issues?

If yes, please specify:

Has your child exhibited violent behaviours? Yes/No (This question will not exclude your child from the program, it will allow for added support)

If yes, please specify:

What are your child's interests and computer habits?

Is there anything else you would like us to know about your child?

STATEMENT OF AUTHENTICITY

IF NOT APPLICANT:

Name of person completing the application

Relationship to Applicant

Address:

City Province Postal Code

Phone

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

_____ _____

Signature of Guardian **Signature of Guardian**

Autism Society of the RMWB
21B-10019 MacDonald Ave
Fort McMurray, AB
T9H 1S9
587-452-9334
www.autismrmwb.org

Please read and initial the following statements, if agreeable:

I understand that the Participant or Parent/Guardian is responsible for any costs occurred from attending activities/events (i.e., movie tickets, swimming, food purchased, etc.)	
I have been informed of and understand the program activities and I am aware that there are certain risks inherent in participation in the program.	
I understand that every care and attention will be given to the health and wellbeing of the participant and that Autism Society of the RMWB cannot be held responsible for any injuries sustained while participating in the program activities.	
I give Autism Society of the RMWB permission to take photographs of participant while participating in program activities that may be used in printed or online media publications.	
I give permission for the participant to be transported in staff of the Autism Society of the RMWB's personal vehicles.	
I give permission for the participant to receive emergency first aid treatment if necessary, during program and hold no liability against the staff of the Autism Society of the RMWB.	
I will not hold Autism Society of the RMWB liable for paying any costs occurred with providing emergency treatment for the participant (e.g., ambulance charges.)	
I give permission for staff to administer emergency medication to the participant during program activities.	
While participating in Autism Society of the RMWB's program, Participants and Parent/Guardians understand that they will be respectful of staff, volunteers, and other participants. They will follow the rules and guidelines of the program and the venues we visit. They will communicate their needs and preferences to the staff and volunteers and ask for help when needed. Participants and Parent/Guardians will also respect the diversity and abilities of other participants and celebrate their achievements ad successes. Participants will participant and have fun with activities with my peers.	

I have read the above information and agree on the Autism Society's Social-Respite Policies and Procedures.

To the best of my knowledge, the above information is accurate and complete. Should anything change, I understand that the Program Facilitator will be notified in a timely manner.

_____

Parent or Participant Signature:

Date: _____

_____

Program Facilitator Signature:

Date: _____

General Waiver and Release of Liability

1. In consideration for receiving permission to enter Autism Society of the Regional Municipality of Wood Buffalo at 10019 MacDonald Avenue, Fort McMurray, AB, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENAT NOT TO SUE Autism Society of the Regional Municipality of Wood Buffalo, their officers, agents, contractors, volunteers, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am fully aware of the risks and hazards connected with the activities which may take place in this building and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to participation in said activities, WHEATHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Province of Alberta and the federal or provincial courts of Alberta. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read Terms and Conditions and the foregoing Wavier of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily and I am at least eighteen (18) years of age.

ALL FIELDS ARE MANDATORY

Please fill in YOUR First and Last name: _____

Please fill in your Child's First and Last name: _____

Please fill in your address: _____

City: _____

Postal Code: _____

Parent or Participant Signature: _____

Date: _____