

2008 SUMMER DAY CAMP REGISTRATION FORM

If registering more than one participant, please complete an additional form. Return, fax or mail to NWSRA, 3000 Central Road, Suite #205, Rolling Meadows, IL 60008. Fax to 847/392-2870. Questions? Call - Voice: 847/392-2848. Would you like to be added to our mailing list, please check.

NWSRA regards and treats personal information about participants as confidential, except in certain unusual situations in which NWSRA may have a duty to provide such information to third parties in order to avoid unreasonable risks of harm to them or to other individuals in their care. THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND VERIFIED BY A SIGNATURE BEFORE THE PARTICIPANT IS ALLOWED TO JOIN ANY NWSRA PROGRAM.

REGISTRATION DEADLINE: Friday, April 18

Contact Information:

Participant's Name (Last) _____ (First) _____

Address _____ City _____ Zip _____

Home Ph. # (____) _____ Sex: F _____ M _____ Age _____ Birthdate _____

School Name _____ Spec. Ed. Classification/Medical Diagnosis _____

School Address _____ City _____ Zip _____ Teacher _____

School District _____ Park District _____ Township _____

Parent/Guardian Information: Mother's Name (Last) _____ (First) _____

Father's Name (Last) _____ (First) _____

Mother's e-mail: _____ Father's e-mail: _____

Address (if different from above) _____ City _____ Zip _____

Home Ph.# (M)(____) _____ (F)(____) _____ Work Ph.# (M)(____) _____ (F)(____) _____

Mother's cell: _____ Father's cell: _____

Alternate Emergency Contact _____ Relationship to Participant _____

Home Ph. # (____) _____ Work Ph. # (____) _____

First & last names of people authorized to pick up participant _____

A. SEIZURES: Yes ___ No ___ Are seizures controlled by medication? Yes ___ No ___ Date of last seizure: _____

Please describe type of seizure and treatment desired: _____

B. MEDICAL CONDITIONS/NEEDS: Diabetes ___ Shunts ___ Braces ___ Canes ___ Walker ___ Glasses ___ PKU ___ G-tube ___

Trach ___ Epi-pen ___ Interpreter ___ Hearing Aid ___ Wheelchair (type) _____ (size) _____

C. If using a wheelchair is participant capable of transferring? Yes ___ No ___

D. AAI Condition: If a participant has Down Syndrome, have x-rays of the C-1 and C-2 vertebrae been taken and examined? Yes ___ No ___

Date _____ Is participant clear of Atlantoaxial Instability Condition (AAI)? Yes ___ No ___

E. Allergies (specific) _____ Other _____

List specific medical instructions: _____

F. T-shirt size: CHILD SIZES: S(6-8) M(10-12) L(14-16) ADULT SIZES: S(34-36) M(38-40) L(42-44) XL(46-48)

G. SWIM INFORMATION: Pre-beginner ___ Beginner ___ Intermediate ___ Advanced ___

Permission for your child to use the diving board: Yes ___ No ___

H. Does your child wear a harness for transportation? Yes ___ No ___ SIZE: Small ___ Medium ___ Large ___

I. Is a bus aid required? Yes ___ No ___ Why? _____

J. Parents are asked to provide bug spray and sunscreen. Permission for staff to apply these products on your child. Yes ___ No ___

K. PHOTO PERMISSION: Photo permission for NWSRA publicity purposes. Yes ___ No ___

L. TEACHER INPUT: We would like your permission to contact your child's teacher for input on motor skills, activity preferences and socialization. Yes ___ No ___

Please fill out the following questions thoroughly so that we can best serve your child.

1. My child's favorite activities are: _____

2. My child should not eat: _____

3. Inappropriate activities: _____

4. Areas/Goals for the counselor to work toward: _____

5. Socialization skills: _____

6. Does your child exhibit any extreme behaviors or personality traits of which we should be made aware? _____

7. Toilet training: _____

8. Staff/camper ratios: If your child needs a closer ratio than what is indicated in the brochure, please indicate appropriate ratio and why.

A permission form must be obtained, signed and returned to NWSRA in order for staff to assist with medications. Contact NWSRA to obtain a form. For participants not needing medication dispensed at programs but would like to make us aware, please list all medications.

MEDICATION:	TYPE	DOSAGE	TIME

Doctor's Name _____ Phone(_____) _____

CAMP #	CAMP/SITE NAME	*CIRCLE IF MED. IS NEEDED AT CAMP		TRANS. NEEDED		TRANS. LOCATION	CAMP FEE WITH TRANS.	CAMP FEE WITHOUT TRANS.	TOTAL FEE
		Yes	No	YES	NO				
0000	<i>Example</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A	\$\$\$\$\$\$		\$\$\$\$\$\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A \$40.00 NON-REFUNDABLE DEPOSIT PER CHILD, PER CAMP IS REQUIRED.

If requesting divided payments, please check
 A third of the total fee is due by May 4, May 18 and June 1.

You may charge your registration. Please check one.

American Express Discover
 MasterCard Visa

Account # _____
 Exp. Date ____ / ____

Subtotal _____
 (-\$20 if sibling discount) _____
 (past program credits if applicable) _____
 Total Cost _____
 Make check payable to NWSRA
 E-Commerce payment

TOTAL AMOUNT ENCLOSED _____ (minimum deposit of \$40.00 per camp, per child required)

Safety

NWSRA is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. NWSRA continually strives to reduce such risks and provides safety rules and instructions to protect participants.

Insurance

NWSRA carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to provide their own medical insurance. NWSRA must have the following information, however, in case of an emergency.

Medical Insurance Company _____ Policy # _____

NWSRA Waiver and Release of All Claims

The NWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The NWSRA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the programs/activities listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. Recreational programs/activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program/activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the NWSRA to guarantee absolute safety. Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided.).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the NWSRA including its officials, agents, volunteers and employees (hereinafter collectively referred as NWSRA). I do hereby fully release and forever discharge the NWSRA from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature _____ Date _____

Please Print Name _____