



On-Line Registration System

In order to register for NWSRA programs on-line, you must first create an On-Line Account. Once you complete the form below, we will issue a **User Name** and an **Individual Participation Code** for each member of the household who could be registering for NWSRA programs. Complete the information about each person or persons with disabilities. In addition, please include other family members if you anticipate their participation in an NWSRA program. For example, if your child with a disability and a sibling register for Sibling Soccer, you will need these additional numbers to complete the registration process on-line.

Family Members (Must live at the same address listed below)

	Last Name	First Name	Disability	Date of Birth	Gender (male/female)
1.	_____	_____	_____	___/___/___	M F
2.	_____	_____	_____	___/___/___	M F
3.	_____	_____	_____	___/___/___	M F
4.	_____	_____	_____	___/___/___	M F
5.	_____	_____	_____	___/___/___	M F
6.	_____	_____	_____	___/___/___	M F
7.	_____	_____	_____	___/___/___	M F
8.	_____	_____	_____	___/___/___	M F

Primary Registration Parent Name: _____

Address: _____

Town: _____ Zip _____

Phone Number: () _____ Alternate Phone Number: () _____

Head of household's e-mail address: _____

Please fax completed form to: (847) 392-2870

or mail to:

Northwest Special Recreation Association • 3000 W. Central Road, Suite 205 • Rolling Meadows, IL 60008