

REGISTRATION INFORMATION

Completing The Registration Form

Registration forms and fees may be mailed or turned into the NWSRA office by the registration deadline in order to allow participation on the first day of the program. Staff cannot receive registration forms or fees at NWSRA activities. **We do not make confirmation of registration.** If programs are cancelled or postponed, individuals registered will be notified by phone. **Each fall, all participants are required to complete the Registration and Participant Information forms.** This process of updating information will contribute to the overall safety and quality of NWSRA services. **For all other registrations throughout the year, participants need only to fill out the Registration Form. No priority is given to mail-in, drop-off or online registrations. Processing begins on Friday, December 11.**

Family Registration

For all NWSRA programs open to sibling/family members, the separate, signed Family Member Registration form, located on page 41, must accompany the participant's registration form.

Faxing Your Registration Form

NWSRA will accept faxed registration forms, but encourages our customers to call the office for a confirmation of receipt. This will ensure that the fax was received and accepted. NWSRA's fax number is 847/392-2870. To confirm your fax, please call the office at 847/392-2848.

Refunds and Credits

1. A full refund or credit will be issued if a program is cancelled.
2. In the event of prolonged illness or moving, a \$1.00 service fee will be charged and a prorated refund or credit issued. A doctor's notice is required for illness.
3. If NWSRA has incurred costs due to purchase of tickets, rentals, deposits, etc., a 48-hour notice must be given to NWSRA and vacancy caused by cancellation filled. If both conditions are met, a \$1.00 service fee will be charged and a refund or credit will be issued.
4. If a participant cancels out of a program prior to the start, and no costs have been incurred, a \$1.00 service fee will be charged and a refund or a credit will be issued.
5. A prorated refund or credit may be given if the program is deemed inappropriate for a participant.
6. If inclement weather or leader absence occurs, NWSRA will try to reschedule the activity or issue a credit or refund.
7. Credit slips may be used for future registration and are not transferable to other persons

Non-resident Fee

Non-residents will be assessed a 50% fee increase above the charges listed. NWSRA park district residents will have priority in registering for all NWSRA programs. Non-residents will be allowed to register as additional space, tickets, seating and leadership allow. Final decisions will be made after the registration deadline when applicable. Door-to-door transportation is not available for non-residents.

Payment Systems

Full payment of program fees should be included with the registration form. However, if at the time of registration this presents a problem for any of our residents, delayed or divided payments are acceptable. Please note any altered payment systems on registration form. NWSRA accepts American Express, Discover Card, Visa and MasterCard for payment of programs, fundraising events and donations. Please indicate the card preference, account number and expiration date on the registration form.

Financial Assistance Policy

For information on the policy and application forms, please contact the NWSRA office at 847/392-2848. Please keep the registration deadline for weekly programs in mind. The application process may take several weeks, so please inquire early. Financial assistance is available to member park district residents.

SPECIAL NOTICES

Horseback Riding

If participants are seizure prone, seizures must be controlled by medication and/or the individual must not have had a seizure in over one (1) year in order to be allowed to horseback ride. A doctor's recommendation is suggested for all participants with balance problems or seizures. Riding helmets for all participants are provided by Palatine Stables. At this time, there are no stables in the NWSRA area that can accommodate participants who are non-ambulatory. Stables utilized by NWSRA require that the parent or guardian of each participant sign a release form the first day of the program before the participant will be allowed to ride.

Swim Programs

Approximate 1:3 staff to participant ratio is provided in swim programs. If participant is seizure prone, seizures must be controlled by medication and/or the individual must not have had a seizure in one (1) year in order to be allowed to join the program at the designated ratio. If the above conditions are not met or the swimmer has conditions that warrant a 1:1 ratio, parents must note this on the registration form and NWSRA will attempt to find a volunteer.

Personal Flotation Devices (PFD)

If the use of a PFD is required for safety during a NWSRA or park district aquatic program, please call NWSRA or the appropriate park district to ask what requirements, if any, they have regarding PFD's. These devices provide the swimmer with buoyancy and a sense of personal security but do not prevent drowning. Close supervision of an individual using a PFD is still a necessity. Proper size, style and fit are all important in determining the right PFD for the individual. It is the parent/guardian's responsibility to provide the appropriate PFD. Water wings and air mattresses are not considered PFD's and are not allowed in most public pools except during designated hours.

Atlantoaxial Instability Condition

Individuals with Down syndrome are at risk of having Atlantoaxial Instability (AAI) which allows increased mobility of the first and second vertebrae. For the safety of NWSRA participants, individuals with Down syndrome will not be allowed to participate in activities such as diving, the butterfly stroke in swimming, tumbling, gymnastics, the high jump and others which could potentially injure the neck area unless a doctor's note stating the participant is free of AAI is submitted to NWSRA. An x-ray by a doctor is necessary to determine if the condition is present. Parent/guardian should indicate on the registration form whether or not Atlantoaxial Instability Condition is present. For more information on AAI, contact NWSRA and ask to be sent form #352 on AAI.

Dispensing of Medication

If a participant is in need of assistance to take prescription medication, a permission form allowing NWSRA staff to administer medication must be obtained from the NWSRA office. This permission form must be signed by the parent or guardian and returned to NWSRA before staff may assist the participant in taking medication. Complete the medication information on the registration form and a release will be mailed. For after school programs at Kirk or Miner Schools, the medication for the entire session must be brought in prior to the start of the program, either to the NWSRA office or Kirk and/or Miner Schools. The medication must be in a container clearly marked "For NWSRA", with child's name, doctor's name and phone number and dosage instructions. Due to Kirk/Miner School policy, no medication may come to school with your child. Medication information must be indicated on the NWSRA registration form for staff awareness to dispense it during the program. All other medications for NWSRA programs, other than those listed above, must be in NWSRA envelopes and given to the head instructor each week. Adult participants older than 22 years of age who need more than a reminder to take prescription medication will need to follow NWSRA's guidelines for dispensing medication.

Mandated Reporters

All NWSRA staff are mandated by the State of Illinois to make a report to the DCFS hotline if they observe a situation that provides reasonable cause to suspect child abuse or neglect. Workers in certain professions, including "recreational program" personnel have this legal mandate. Staff are trained on signs and symptoms of abuse and neglect, and procedures for making a report.

FAMILY MEMBER REGISTRATION FORM

WINTER/SPRING 2010

Please attach to participant registration form.

Name (Last) _____	(First) _____	Birth date _____	Sex: M__ F__
Name (Last) _____	(First) _____	Birth date _____	Sex: M__ F__
Name (Last) _____	(First) _____	Birth date _____	Sex: M__ F__
Name (Last) _____	(First) _____	Birth date _____	Sex: M__ F__
Relationship to Participant: Sibling _____ Spouse _____ Parent _____ Friend _____			
Participant Name (Last) _____		(First) _____	

Parent/Guardian Information:
 If different from Participant Information, please complete:

Name (Last) _____ (First) _____

Address _____ City _____ Zip _____

Home Phone # (_____) _____ Work Phone # (_____) _____

Please indicate any medical conditions, allergies, medication information, inappropriate activities etc. for the above listed individuals.

Names of Family Member(s) Attending	Program #	Program Name

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.

Parent/Guardian Signature _____ Date _____

Please Print Name _____

Winter/Spring 2010 REGISTRATION FORM

If registering more than one participant, please complete an additional form. Family members may register on page 41.

RETURN TO: NWSRA, Park Central, 3000 W. Central Road, Suite 205, Rolling Meadows, Illinois 60008 or FAX to 847/392-2870.

Questions? Call - VOICE: 847/392-2848 • TTY: 847/392-2855 Would you like to be added to our mailing list? Please check

Participant Name (Last) _____ (First) _____	
Address _____ City _____ Zip _____	
Participant's Information:	
Home Ph. # (_____) _____ Work Ph. # (_____) _____ Cell Phone # (_____) _____	
Sex: F _____ M _____ Age _____ Birth date _____ Spec. Ed. Classification/Medical Diagnosis _____	
School/Workshop site _____ 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 Phone: _____ Father's Cell Phone _____	
Alternate Emergency Contact _____ Relationship to Participant _____	
Home Ph. # (_____) _____ Work Ph. # (_____) _____	
First & last names of people authorized to pick up participant _____	

Program Number	Program Name	* Circle if Med. needed at program Yes No	Check Season(s)		Pick Up Location	Drop Off Location	Program Fee	Trans. Fee	Total Fee
			W	S					
		Yes No							
		Yes No							
		Yes No							
		Yes No							
		Yes No							

Winter Registration Deadline: Friday, January 8
Spring Registration Deadline: Monday, March 29

You may charge your registration. Please check one.	
American Express <input type="checkbox"/>	Discover <input type="checkbox"/>
MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
Account # _____	
Expiration Date ____ / ____	

If requesting divided payments, please check

A third of the total fee is due by each of the following dates: **1/8, 2/5, 3/5**

Minus Past Program Credits \$ _____

SLSF Donation \$ _____

Total Enclosed \$ _____

Make check payable to NWSRA

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 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 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 _____ (over)

PARTICIPANT INFORMATION

WINTER/SPRING 2010

Both sides of the registration form MUST be completed and verified by a signature before the participant is allowed to join any NWSRA program. Please check the correct response, complete each category and list any other information you feel NWSRA should be aware of to provide safe and enjoyable activities for the individual being registered.

SEIZURES: No ___ Yes ___ If "Yes", please complete seizure form.

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

Trach ___ Epi-pen ___ Sign Language Assistance ___ Hearing Aid ___ Wheelchair (type) _____ (size) _____

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

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 ___

Allergies (specific) _____ Other _____

List specific medical instructions: _____

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 () _____

NWSRA provides an approximate 1:4 staff to participant ratio. Please note if participant requires a closer ratio and why: _____

Inappropriate Activities: _____

Behavior Issues: _____

Areas/goals for the instructor to work toward: _____

Release of information permission for NWSRA to contact school/workshop staff concerning the participant's needs: Yes ___ No ___

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.

Photo permission for NWSRA publicity purposes: Yes ___ No ___

Please indicate under what circumstances, if any, participant may be without leader supervision (i.e. to walk home from program, etc.)

Parent/Guardian Signature: _____ (sign only if participant may be without supervision)

IS A BUS AIDE REQUIRED? Yes ___ No ___ Explain why: _____

IS A VEHICLE HARNESS REQUIRED? Yes ___ No ___ Size ___

SWIM INFORMATION: Beginner ___ Advanced Beginner ___ Intermediate ___ Advanced ___ Diving ___

Permission to apply sunscreen on participant: Yes ___ No ___

Other helpful information: _____

YOUR INPUT HAS IMPACT!

Please use the space below as a way to ask questions, make suggestions, voice concerns or even offer compliments! Your feedback will be read personally by an NWSRA staff member and we will do our best to give your ideas and needs our attention. Of course, there are times when we cannot fulfill every request due to available resources, but your request does not end there! Each season we review all requests that we were not able to accomplish the season before and reconsider the possibilities. If you would like to receive a written response, please check this box.

WINTER/SPRING 2010 SEIZURE INFORMATION

This form MUST be completed and verified by a signature before the participant is allowed to join any NWSRA program. Please check the correct response, complete each category and list any other information you feel NWSRA should be aware of to provide safe and enjoyable activities for the individual being registered.

CONTACT INFORMATION:

Participant Name: _____ Date of Birth: _____
 Parent/Guardian Name: _____ Tel.(H) _____ (W) _____ (C) _____
 Other Emergency Contact: _____ Tel.(H) _____ (W) _____ (C) _____
 Participant Primary Care Dr.: _____ Tel: _____

SEIZURE INFORMATION:

1. When was the participant diagnosed with seizures or epilepsy? _____

Seizure Type	Length	Frequency	Description
Absence (staring spell)			
Simple Partial			
Complex Partial			
Atonic (drop)			
Generalized (Gran Mal)			
Other (explain):			

2. What might trigger a seizure in the participant? _____
3. Are there any warnings and or behavior changes before the seizure occurs? Yes ___ No ___ If yes, please explain: _____
4. When was the participant's last seizure? _____
5. Has there been any recent change in the participant's seizure patterns? Yes ___ No ___ If yes, please explain: _____
6. How does the participant react after a seizure is over? _____
7. How do other illnesses affect the participant's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

8. What basic first aid procedures should be taken when the participant has a seizure? _____

SEIZURE EMERGENCIES:

9. Please describe what constitutes an emergency for the participant? _____
10. Has the participant ever been hospitalized for continuous seizures? Yes ___ No ___ If yes, please explain: _____

A seizure is generally considered an emergency when: A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Repeated seizures without regaining consciousness • A first time seizure • Participant is injured or diabetic • Participant has breathing difficulties • Participant has a seizure in water.

SEIZURE MEDICATION AND TREATMENT INFORMATION:

11. What medication(s) for seizures does the participant take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

12. What emergency/rescue seizure medications are prescribed for the participant?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

*After 2nd or 3rd seizure, for cluster of seizure, etc. **Orally, under tongue, rectally, etc. NWSRA DOES NOT ADMINISTER RECTAL VALIUM.

13. Does your child have a Vagal Nerve Stimulator Yes ___ No ___ If yes, please describe instructions for appropriate magnet use: _____

GENERAL COMMUNICATION ISSUES:

14. What is the best way for us to communicate with you about the participant's seizure(s)? _____
15. Is there any other information that NWSRA should know? _____

Parent/Guardian Signature: _____ Date: _____

Dates Updated: _____, _____