

REGISTRATION FORM



Please check this box if there is any information within the registration form that has changed from the previous season.

PARTICIPANT'S INFORMATION:

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

Address _____ City _____ Zip _____

Park District _____ Township _____ If you **DO NOT** wish to give photo/video permission, please initial here _____

Home Number _____ Cell Number _____ E-mail _____

Sex _____ Age _____ Birthdate _____ Diagnosis _____ T-Shirt Size _____

Residential Facility Name _____ In case of emergency at program please contact _____

School/Day Center attending _____ Home School District (If different from attending) _____

Teacher/QIDP _____ E-mail _____ Phone Number _____

Permission to contact above, please initial here _____ Participant is own guardian Yes No Staffing Ratio: 1:1 1:2 1:4 Independent

Ethnicity

American Indian or Alaska Native Asian Black or African American Hispanic or Latino White
 Middle Eastern or North African Native Hawaiian or Pacific Islander Not Listed (please specify) _____

Gender Pronoun He She They Not Listed (please specify) _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1 (Legal Last) _____ (Legal First) _____ Guardian Type _____

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

Primary Contact Method Home Cell Work E-mail _____Home Number _____ Cell Number _____ Opt in to receive text communication about programming

Parent/Guardian 2 (Legal Last) _____ (Legal First) _____ Guardian Type _____

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

Primary Contact Method Home Cell Work E-mail _____Home Number _____ Cell Number _____ Opt in to receive text communication about programming

EMERGENCY CONTACT	NAME OF AUTHORIZED INDIVIDUALS FOR PICKUP	PHONE NUMBER(S)
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Would you like to be added to our mailing/e-mail list? Check here

SAFETY INFORMATION

NWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. 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 registering for the programs listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs. You are solely responsible for determining if you or your participant are physically fit and/or skilled for the activities contemplated by this agreement.

RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified programs, 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 participant might sustain as a result of participating in any and all activities connected with and associated with said programs (including transportation services, when provided.) Recreational programs and 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 or 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, participant misconduct, 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 NWSRA to guarantee absolute safety. I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my participant or I may sustain as a result of said participation. I do hereby fully release and forever discharge NWSRA from any and all claims for injuries, damages, or loss that my participant or I may have or which may occur to me or my participant and arising out of, connected with, or in any way associated with these programs.

I have read and fully understand the above safety information, and release of all claims and assumptions of risk. If registering on-line, fax or e-mail, your electronic or photocopy signature shall substitute for and have the same legal effect as an original form signature.

Form Prepared by _____ Relationship to Participant _____

Signature _____ Date _____ Print Name _____

Adult participant if own guardian or parent/guardian

- If form has been prepared by someone other than participant. Participant must be made aware.

- For enhanced safety measures, photos will be required for all participants in programming. If you have not submitted a photo previously, please email it to office@nwsra.org

NWSRA REGISTRATION

PARTICIPANT NAME _____ SEASON/YEAR _____

PROGRAM #	PROGRAM NAME	MEDS TAKEN AT PROGRAM YES <input type="checkbox"/> NO <input type="checkbox"/>	PROGRAM FEE	TOTAL FEE
Transportation	One Way, To <input type="checkbox"/> One Way, From <input type="checkbox"/> Round Trip <input type="checkbox"/> Door-to-Door <input type="checkbox"/>	PICK UP LOCATION	DROP OFF LOCATION	TRANS FEE

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Please indicate any important information about family members that staff should be made aware of:

DOOR TO DOOR REQUEST

For programs which do not advertise door-to-door transportation, it may still be accommodated. Please fill out this door-to-door transportation request form and someone will reach out prior to the start of program



WILL THERE BE RESIDENTIAL STAFF ATTENDING THE PROGRAM(S)?	
WHICH PROGRAM(S)?	
WILL THEY BE ABLE TO ASSIST WITH PERSONAL CARE/BEHAVIOR?	

You may charge your registration. Please check one.

American Express Discover MasterCard Visa

Account # _____ Expiration Date _____ / _____ CVC# _____

If paying in full, please check here

If requesting a payment plan, please check here

By checking the pay in full or the payment plan box on the registration form, I authorize NWSRA to automatically withdraw payments according to the schedule listed within the registration information section of the brochure.



Total Program Cost: _____

Program Credits: _____

SLSF Donation: _____

Total Enclosed: _____

Make check payable to NWSRA
All past balances must be paid in full prior to registration.

Send us your Registration Form!

MAIL IN: NWSRA 3000 W. Central Road, Suite 205 Rolling Meadows, IL 60008
FAX: 847/392-2870 Call office to ensure receipt of fax.
E-MAIL: E-mail fillable registration form to office@nwsra.org