REGISTRATION

If registering more than one participant, please complete an additional form. Family members may register on page 50.
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's Information:

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

Address _____ City _____ Zip _____

Home Ph. # (_____) _____ Work Ph. # (_____) _____ Cell Phone # (_____) _____

Sex: F _____ M _____ Age _____ Birthdate _____ Spec. Ed. Classification/Medical Diagnosis _____

School/Workshop site _____ Teacher _____

School District _____ Park District _____ Township _____

Parent/Guardian Information: Parent/Guardian 1 (Last) _____ (First) _____

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

Parent/Guardian 1 e-mail: _____ Parent/Guardian 2 e-mail: _____

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

Primary phone contact (Check one) MOTHER: Home____ Work____ Cell____ or FATHER: Home____ Work____ Cell____

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

Parent/Guardian 1 Cell Phone: (_____) _____ Parent/Guardian 2 Cell Phone (_____) _____

Alternate Emergency Contact _____ Relationship to Participant _____

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

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

Program #	Program Name	Circle if Med needed at program	Pick Up Location	Drop Off Location	Program Fee	Trans. Fee	Total Fee
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					

You may charge your registration. Please check one.
American Express ☐ *Discover* ☐ *MasterCard* ☐ *Visa* ☐
Account # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
Expiration Date ____ /____ *CVC#* __ __ __ *(3 digit Card Verification Code # on back of card)*

If requesting auto withdrawal payment plan, please check here ☐
By checking the automatic withdrawal box on the registration form, I authorize NWSRA to automatically withdraw payments in the amount shown from the listed account on the dates provided below.
Payment dates for auto withdrawal plan (Payment plans will only be offered with automatic withdrawal via a credit card):
1st withdrawal: Registration Deadline
2nd withdrawal: October 1
3rd withdrawal: November 1

All past balances must be paid in full prior to registration.

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 # _____

Minus Past Program Credits $_____

SLSF Donation $_____

Total Enclosed $_____

Make check payable to NWSRA

IMPORTANT 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 of children 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 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.

Warning of Risk

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.

Waiver and 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 child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs (including transportation services, when provided.) 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 child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against NWSRA including its officials, agents, volunteers and employees (hereinafter collectively referred as NWSRA). I do hereby fully release and forever discharge NWSRA from any and all claims for injuries, damages, or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs.

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, e-mail, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature _____ Date _____
Adult participant if own guardian or parent/guardian

Please Print Name _____

(over)

PARTICIPANT INFO

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____ G-tube____ VNS____ Trach____ Epi-pen____ PKU____ Suctioning____ Catheter____ Sign Language Assistance____ Hearing Aid____ Oxygen Tank____

Does participant require assistance for personal care (toileting, transferring, feeding, changing)? Yes___ No___ (If yes, a personal care information form will be sent to you.)

If using a wheelchair is participant capable of transferring? Yes____ No____ Wheelchair (type)_____

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 _____

Intolerances: _____

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.

NWSRA takes photos/video at our programs for promotional publications, displays, advertisements, our website, and social media. The participant's identity is kept anonymous or is by first name only, unless we contact you for a special circumstance where he/she would be identified.

If you **do not** wish to give photo/video permission, please initial here: _____

Please indicate under what circumstances, if any, participant may be without leader supervision.

_____

_____

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

IS A VEHICLE HARNESS REQUIRED? Yes____ No____

SWIMMING ABILITY: Swimmer____ Non-Swimmer____ A swimmer is defined as an individual who can swim 25 yards, using the front crawl or breast stroke without touching the bottom of the pool, side of pool or needing assistance of any kind.

Permission to apply sunscreen and/or bug spray on participant: Yes____ No____ Participants are required to provide bug spray and sunscreen.

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. ☐

_____

_____

_____

SEIZURE INFO

IF YOUR CHILD HAS SEIZURES, 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 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 (Grand 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 • First time seizure • Participant is injured or diabetic • Participant has breathing difficulties • Participant has 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:_____,_____