

# 2018-2019 SCHOOL YEAR REGISTRATION FORM

If registering more than one participant, please complete an additional form.

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: 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 \_\_\_\_\_

Primary phone contact (Check one) MOTHER: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ or FATHER: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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 #	Teacher Name	School	Total Fee

You may charge your registration. Please check one.

American Express ☐ Discover ☐ MasterCard ☐ Visa ☐

Account # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ CVC# \_\_\_\_\_ (3 digit Card Security 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: October 12

2nd withdrawal: December 12

**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 \_\_\_\_\_