



Fall 2019 Registration Form

COMPLETE THIS FORM AND RETURN IT WITH THE PROGRAM FEE TO:
NWCSRA • 10 Montrose Drive, Romeoville, IL 60446 • P: (815) 407-1819 • F: (815) 407-1829

PLEASE PRINT ALL INFORMATION BELOW COMPLETELY

Participant's Name _____ Age _____ Birthdate _____ Gender _____

Address _____ City _____ Zip _____

Township _____ School/Work: _____

Parent/Guardian's Name _____ Participant's Home Phone (_____) _____

Mother's Work Phone _____ Mother's Cell Phone (_____) _____

Father's Work Phone _____ Father's Cell Phone (_____) _____

E-mail Address _____

Emergency Contact _____ Emergency Phone (_____) _____

Disability _____

Seizures: Yes No If yes, please complete the Seizure Information Form that can be found on our website, and return to NWCSRA.

List allergies or foods to avoid: _____

Will medication(s) be dispensed at programs? Yes No

If yes, please complete the Medication Dispensing Waiver that can be found on our website, and return to NWCSRA.

*****ALL MEDICATIONS THAT ARE TO BE DISPENSED BY STAFF AT A PROGRAM MUST BE IN THE ORIGINAL BOTTLE ALONG WITH DOSAGE AND/OR DIRECTIONS.****

PLEASE CHECK HERE IF ANY OF THE ABOVE INFORMATION HAS CHANGED

NOTE: Registrations will not be processed if a fee remains from a previous season or if a current Annual Information Form is not on file with NWCSRA.

A new Annual Information Form needs to be completed each year.

Annual Information Forms are available at www.nwcsra.org

Date _____ MC VISA CHECK # _____ CASH ACCOUNT # _____

Cardholder Name _____ Exp. Date _____ CVVS# (3 digits on back of card) _____ Total _____

IMPORTANT INFORMATION - Northern Will County Special Recreation Association is committed to conducting its recreation programs and activities in a safe manner and holds safety of participants in high regard. Northern Will County Special Recreation Association 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 this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward is 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 has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK - Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for Northern Will County Special Recreation Association 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 Northern Will County Special Recreation Association Fall 2019 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 minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation of services, when provided). I recognize and acknowledge that certain risks of physical injury to participants in this program/activity, 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 the program/activity against Northern Will County Special Recreation Association, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Northern Will County Special Recreation Association 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 this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward. In the event of an emergency, I understand and authorize Northern Will County SRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered. If registering via fax, facsimile signature shall substitute for and have same legal effect as an original form signature.

Registration Form

Prg#	Program	Fee	✓	Prg#	Program	Fee	✓
946000-1	Adults Living Large (ALL)	\$416/520		946505	House of Mouse	\$35/53	
946000-2	Adults Living Large (ALL)	\$416/520		948509	Junior Chefs	\$50/75	
946000-3	Adults Living Large (ALL)	\$416/520		947202	Konow's Corn Maze	\$38/57	
946000-4	Adults Living Large (ALL)	\$416/520		947609	Lazy Sunday	\$24/36	
946000-5	Adults Living Large (ALL)	\$416/520		946310-1	Lunch Bunch	\$19/29	
946001-1	ALL Before Care	\$91		946310-2	Lunch Bunch	\$19/29	
946001-2	ALL Before Care	\$91		946310-3	Lunch Bunch	\$19/29	
946001-3	ALL Before Care	\$91		947203	Mini Golf	\$26/39	
946001-4	ALL Before Care	\$91		948508	Music Therapy	\$94/141	
946001-5	ALL Before Care	\$91		947610	Pacman Restaurant	\$52/78	
946002-1	ALL After Care	\$91		947204	Pajama Party	\$24/36	
946002-2	ALL After Care	\$91		948505	Pumpkin Carving/Decorating	\$20/30	
946002-3	ALL After Care	\$91		947399	Recognition Dinner Dance	Free/\$25	
946002-4	ALL After Care	\$91		947611	Scary Movie Night	\$25/38	
946002-5	ALL After Care	\$91		947205	School's Day Out	\$65/98	
933123	After School Program - Monthly Fee	\$215		945016-1	Scuba Diving	\$10/15	
947600	Bears & Wings	\$20/30		945016-2	Scuba Diving	\$10/15	
947601	Brookfield Zoo: Holiday Magic	\$48/72		945016-3	Scuba Diving	\$10/15	
941000	Candlelight Bowl & Fundraiser	\$40/20		946312	Something Social	\$25/37	
947602	Chicago Wolves	\$60/90		947612	Space Golf & TGI Fridays	\$35/53	
946501	Christmas Ball	\$60/90		946300	Spare Me	\$90/135	
946313-1	Day Trip	\$60/90		945002	Special Olympics Basketball	\$167/250	
946313-2	Day Trip	\$20/30		945009	Special Olympics Bocce	\$62/93	
947603	Dave & Buster's	\$45/68		945014	Special Olympics Jr. Basketball	\$130/195	
946311	Diner's Club	\$48/72		945007	Special Olympics MedFest	Free	
947604	Dinner & A Movie	\$45/68		945004-1	Swim Clinic	\$52/78	
947207	Family Bingo	\$10		945000-1	Swim Lessons	\$40/60	
947206	Family Bowling	\$10		945000-2	Swim Lessons	\$40/60	
947208	Family Christmas Party	Free/\$5		945000-3	Swim Lessons	\$40/60	
946502	Feed the Hungry	\$30/45		945100-1	Swim Lessons	\$40/60	
947613	Food Truck Festival	\$22/33		945100-2	Swim Lessons	\$40/60	
942000	Founder's Day Parade	Free		945100-3	Swim Lessons	\$40/60	
947605	Four Winds Casino	\$30/40		945004-2	Swim Meet - FVSRA	\$34/51	
016500	Glow with the Flow	\$35/53		948507	T-Ball	\$28/42	
945506-1	Gymnastics	\$55/83		946506	Turkey Trot	\$30/45	
945506-2	Gymnastics	\$55/83		948504	Yoga	\$35/53	
946503	Halloween Hip Hop	\$30/45		946500	80's Flash	\$30/45	
947607	Hayride of Horror	\$33/50					
946504	Hoedown	\$40/60					
944001-1	Holiday Camp	\$95/143					
944001-2	Holiday Camp	\$95/143					
947201	Holiday Cookies	\$20/30					
947608	Hollywood Boulevard	\$52/78					
946397-1	Horseback Riding	\$200/250					
946397-2	Horseback Riding	\$200/250					
946398-1	Horseback Riding	\$200/250					
946398-2	Horseback Riding	\$200/250					

I would like to make a donation to NWCSRA in the amount of \$ _____

First time participant? (please check one): Yes No If yes, where did you hear about us? _____

Transportation permission: Yes No Transport in Wheelchair: Yes No Photography/Videography Permission Yes No

T-Shirt Size: Child: S M L Adult: S M L XL XXL

YOU MUST SIGN AND DATE THIS FORM AND PROVIDE FULL PAYMENT FOR YOUR REGISTRATION TO BE PROCESSED.

I have read and fully understand the information on the reverse side of this form - warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the reverse to my minor child/ward.

Participant's Name (please print) _____

Participant's Signature _____

Date _____