



WEST SUBURBAN SPECIAL RECREATION ASSOCIATION

# FALL 2023 REGISTRATION FORM

MAIL TO: WSSRA, 2915 MAPLE STREET, FRANKLIN PARK, IL 60131 ... FAX TO: 847.455.2157 ... SIGNED REGISTRATION MUST BE RECEIVED BY SEPTEMBER 1, 2023

PARTICIPANT'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARK DISTRICT/VILLAGE: \_\_\_\_\_

PARENT OR GUARDIAN NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN WORK PHONE: \_\_\_\_\_ PARENT/GUARDIAN CELL PHONE: \_\_\_\_\_

WHO SHOULD BE CONTACTED IF PARENT/GUARDIAN IS UNAVAILABLE? NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRESENT SCHOOL/WORKSHOP/OTHER: \_\_\_\_\_ TEACHER/SUPERVISOR NAME: \_\_\_\_\_

PARTICIPANT DISABILITY: \_\_\_\_\_

DOES PARTICIPANT USE WHEELCHAIR/WALKER? SPECIFY: \_\_\_\_\_ CAN PARTICIPANT TRANSFER?  YES  NO

IS PARTICIPANT SUBJECT TO SEIZURES?  YES  NO IF YES, PLEASE COMPLETE AND RETURN SEIZURE INFORMATION FORM

IS MEDICATION TAKEN AT PROGRAM?  YES  NO LIST ANY MEDICATION: \_\_\_\_\_

LIST ANY ALLERGIES: \_\_\_\_\_

DOES PARTICIPANT HAVE A COMMUNICABLE DISEASE?  YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PROGRAM NAME	DATE	DAY	TIME	FEE	TRANS	PROGRAM & TRANS FEE SUBTOTAL

TOTAL DUE: \$

AMOUNT PAID: \$

REMAINING BALANCE: \$

PAYMENT OPTION ... PLEASE CHECK ONE ... PAYMENT IS EXPECTED AT REGISTRATION,

IF YOU ARE UNABLE TO PAY YOUR FULL BALANCE,

**A 50% DEPOSIT OF YOUR BALANCE IS DUE.**

TOTAL PAYMENT ENCLOSED  TOTAL PAYMENT TO FOLLOW (IF FAXED)  DEPOSIT MADE (50% OF BALANCE)

PAYMENT PLAN ARRANGED WITH ANNIE HART  REQUEST SCHOLARSHIP (50% DEPOSIT STILL REQUIRED)

CREDIT CARD  VISA  MASTER CARD

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_ / \_\_\_\_

V CODE: \_\_\_\_\_ (LOCATED ON BACK - 3 DIGITS)

AMOUNT TO BE CHARGED: \$ \_\_\_\_\_

TO CREDIT CARD

I HAVE READ THE WAIVER RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT ON THE REVERSE SIDE AND UNLESS I HAVE CHECKED NO UNDER THE THREE AUTHORIZATIONS, I APPROVE THEM.

★ \_\_\_\_\_

**PARENT/PARTICIPANT/GUARDIAN SIGNATURE**

★ \_\_\_\_\_

DATE

HOLD HARMLESS  
RELEASE ON  
REVERSE SIDE

## WAIVER RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in West Suburban Special Recreation Association programs, you will be waiving and releasing all claims for injuries arising out of these programs that you or the named participant might sustain. The terms "I", "me" and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the West Suburban Special Recreation Association, any and all participating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities of whatever nature that might be directly or indirectly liable for any injuries, that I might sustain while participating in these programs.

I do hereby fully release and discharge the West Suburban Special Recreation Association and the other released parties from any and all claims for injuries, damages or loss, which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend, the West Suburban Special Recreation Association and any and all other parties from any and all

claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision, of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises, involved in these programs, and transportation to and from events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisement or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

In case of emergency, I give my permission for the participant to receive any first aid, transportation or medical attention that may be required.

*You may return this waiver and release of all claims by mail or fax. You may mail this release to 2915 Maple St., Franklin Park, IL 60131 or send by facsimile transmission to 847.455.2157. When forwarding by fax, it is mutually understood that the facsimile document shall substitute for and have the same legal effect as the original form.*

### TO COMMUNICATE WITH SCHOOL/ HEALTH CARE PERSONNEL\*

I AUTHORIZE COUNSELLORS, TEACHERS, CASE WORKERS, THERAPISTS, OR PHYSICIANS TO COMMUNICATE WITH WSSRA ABOUT THE PARTICIPANT'S NEEDS AS THEY RELATE TO WSSRA'S PROVISION OF RECREATION SERVICES TO THE PARTICIPANT. WSSRA WILL KEEP CONFIDENTIAL ALL INFORMATION OBTAINED THROUGH SUCH COMMUNICATIONS.

YES  NO

### TO DISCLOSE INFORMATION TO WSSRA MEMBER PARTNERS\*

WSSRA MAY DISCLOSE TO MY HOME PARK DISTRICT OR MUNICIPALITY INFORMATION ABOUT THE PARTICIPANT'S AND MY INVOLVEMENT IN WSSRA PROGRAMS OR ACTIVITIES, INCLUDING OUR NAMES, TELEPHONE NUMBER, ADDRESS, PROGRAM REGISTRATIONS, AND THE PARTICIPANT'S AGE AND DISABILITY, PROVIDED THAT MY HOME PARK DISTRICT OR MUNICIPALITY SHALL NOT REDISCLOSE THAT INFORMATION WITHOUT MY EXPRESS WRITTEN CONSENT.

YES  NO

### DAILY COVID-19 HEALTH SCREENING

THIS IS TO ACKNOWLEDGE THAT IN ATTENDING PROGRAM, YOU OR A PARENT OR GUARDIAN WILL COMPLETE A DAILY COVID-19 HEALTH SCREENING, ON YOUR OWN, PRIOR TO ARRIVING TO PROGRAM EACH DAY. REGARDLESS OF VACCINATION STATUS, YOU WILL REFRAIN FROM ATTENDING PROGRAM WHEN YOU HAVE SIGNS OR SYMPTOMS OF COVID-19, INCLUDING FEVER OR CHILLS, COUGH, SHORTNESS OF BREATH OR DIFFICULTY BREATHING, FATIGUE, MUSCLE OR BODY ACHES, HEADACHE, NEW LOSS OF TASTE OR SMELL, SORE THROAT, CONGESTION OR RUNNY NOSE, NAUSEA OR VOMITING, OR DIARRHEA.

YES  NO

*\*I understand that I can change my decisions regarding the statements above at any time for any reason by delivering a written notice to WSSRA, prohibiting further disclosure information.*

### WE WELCOME YOUR INPUT!

We invite you to share with us your program ideas and comments about our services: EMAIL US YOUR INPUT AT [WSSRA@WSSRA.NET](mailto:WSSRA@WSSRA.NET)

FOLLOW US ON  /WSSRA  @WSSRA  @W.S.S.R.A