NEDSRA Registration Form

Please Print **Participant's First Name** **Last Name** ☐ **M** ☐ **F** **Sex** **Weight** **Height**

Address **City** **Disability**

Zip Code **Area Code Home Phone Number** **Participant E-Mail Address** **Birth Date**

☐ **Area Code & Phone Number** ☐ **Area Code & Work Number** ☐ **Area Code & Pager or Cell Number**

Please place a checkmark in the box next to the phone number which you would like us to use first.

Parent/Guardian Full Name **Parent/Guardian E-Mail Address**

Emergency Contact Full Name (Emergency contact should be someone other than a parent or guardian.) **(Relationship to Participant)**

☐ **Area Code & Phone Number** ☐ **Area Code & Work Number** ☐ **Area Code & Pager or Cell Number**

Please place a checkmark in the box next to the phone number which you would like us to use first.

MANDATORY: It is the sole responsibility of the participant (or parent/guardian) to provide NEDSRA with an Annual Information Form (AIF) containing the most current information regarding participant's special medical needs, medications, allergies, etc. With a current AIF on file, you may also register by phone at 630-620-4500 or fax 630-620-4598 with a credit card.

Program #	Program Name	Start Date	Fee	Transp. Fee	OFFICE USE ONLY
		/			Amt. Rec'd
		/			Date Rec'd
		/			Ck Cash CR SC
		/			Visa MC AE DI
		/			CI Date

Return with check payable to NEDSRA, 1770 W. Centennial Place, Addison, IL 60101-1076. Total Fees $ _____

Credit card customers: Circle one- Visa MC AMEX Print Cardholder's Name _____

Cardholder signature

Verification Code on Back of Card

Account Number

Expiration date

Mandatory Waiver

Northeast DuPage Special Recreation Association is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. NEDSRA 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 programs must recognize that there is inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor 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 any illness, injury or impairment, to consult a physician before undertaking any physical activity. NEDSRA carries no accident coverage on participants and the cost of medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or their parent or guardian.

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 activities. 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 exist. In this regard, it must be recognized that it is impossible for NEDSRA to guarantee absolute safety.

Photos/Video Authorization and Consent

I hereby authorize and give my consent to NEDSRA to photograph/video me or my child/ward, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of NEDSRA without consideration of any kind.

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 this program, 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 (including transportation services, when provided).

When registering by fax, it is understood that the facsimile registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form. I recognize and acknowledge that there are certain risks of physical injury to participants in this program, 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 this program against NEDSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as "NEDSRA").

I do hereby fully release and forever discharge NEDSRA 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 associate with this program.

Personal Information Authorization Consent

I further authorize NEDSRA to release personal contact information to other parents/ participants when deemed appropriate including names, addresses and phone numbers. I have read and fully understand the above important information, warning and assumption of risk, waiver and release of all claims and photo/video and personal information authorization and consent.

Participant Signature **Date**

If under 18, parent or guardian signature above.

Print name above, if parent or guardian.