Registration Form

OFFICE USE ONLY

Amt. Rec'd: _____ Ck Cash CR SC

Date Rec'd: _____

CI: _____ Visa MC D AE

Date: _____

Step 1 Attendee Information *REQUIRED

Name: | Birthday: | Age:

Address:

City: | State: | Zip:

Primary Email: | Primary Phone:

Step 2 Emergency Contact Information *REQUIRED

Emergency contact must be someone not in attendance with you at program

Emergency Contact Name: | Emergency Phone:

Step 3 Program Registration & Payment

Program # and Name provided by Veteran Program Coordinator

Program #	Program Name	Fee
-		
-		
-		
-		
-		
-		
-		
-		
-		

Return with check payable to NEDSRA

1770 W. Centennial Place, Addison, IL 60101

Credit Card Customers

Circle one: Visa MC D AE

Print Cardholders Name

Cardholder Signature

Card Number

Expiration Date:_____ CVC # : _____

Total Fees: $_____

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 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.

Authorization for Emergency Medical Treatment

I authorize NEDSRA to arrange emergency medical treatment, in the event of injury to my child or me and in the event that I or my designated emergency contact cannot be reached by NEDSRA.

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 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 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 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 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 this program.

Date: _____

Signature: _____

Print Name: _____