

SUMMER DAY CAMP 2023 REGISTRATION FORM

Is camper a new participant? Yes No If yes, how did you hear about NISRA? _____

We'll contact you soon! When should we call? 9:00 am - 12:00 pm 12:00 pm - 3:00 pm 3:00 pm - 6:00 pm

Camper's Information

Last Name _____ First Name _____
 Address _____ City _____ Zip _____
 County _____ Township _____
 Birthdate _____ Age _____ Gender: Female Male Other Special Ed. Classification/Medical Diagnosis _____
 School _____ School District _____ Teacher/Social Worker _____
 Teacher/Social Worker Phone () _____ Teacher/Social Worker Email _____
 Primary Disability _____ Secondary Disability _____
 Down syndrome? Yes No If yes, check for Atlanto-Axial Subluxation Condition? _____ Date condition cleared? _____
 Seizures? Yes No If yes, please see **page 15**. If needed, can camper wear a facing covering for duration of program? Yes No

Contact Information (Family/Guardian/Emergency)

Primary Contact Information - person who should be contacted FIRST

Last Name _____ First Name _____ Relationship _____
 Email Address - camp info will be mailed here! (please print) _____
 Primary Phone () _____ # called first, for staff to have at camp
 Alternate Phone () _____ Work Phone () _____

Alternate Contact Information (Fill out ONLY if it is appropriate for this person to be contacted if the Primary Contact cannot be reached)

Last Name _____ First Name _____ Relationship _____
 Email Address (please print) _____
 Primary Phone () _____
 Alternate Phone () _____ Work Phone () _____

Emergency Contact - A relative or friend who can respond in case of emergency when you cannot be reached

Last Name _____ First Name _____ Relationship _____
 Home Phone () _____ Cell Phone () _____ Work Phone () _____

Alternate Emergency Contact

Last Name _____ First Name _____ Relationship _____
 Home Phone () _____ Cell Phone () _____ Work Phone () _____

NISRA typically contacts teachers/social workers to gather information to assist our camp counselors with meeting your child's needs. If you DO NOT give permission, please sign your initials here: _____

Each camper receives a t-shirt. **Please circle size needed:** Youth Size: XS S M L XL Adult Size: XS S M L XL XXL

Camp #	Camp Name <i>Please make sure Camp # matches the Camp Name!</i>	Fee <i>(Res/Non-Res)</i>
Transportation #	Bus Pick-Up & Drop-Off Location <i>See page 9 for Transportation # and bus route choices</i>	Fee

If requesting divide payments, please check here: (1/3 of the total fee is due: with registration, May 9, and final payment on May 30)

TOTAL FEES

FOR OFFICE USE ONLY R / NR	Date recv'd. _____ By _____ In Computer <input type="checkbox"/> Wait List <input type="checkbox"/>	E/A recv'd. <input type="checkbox"/> E/A apprvd. <input type="checkbox"/> AIU <input type="checkbox"/> Conf. Email <input type="checkbox"/>	Check # _____ Cash _____ Charge _____ No pymnt recv'd _____	Other agency pay <input type="checkbox"/> Scholarship <input type="checkbox"/> NISRA Respite <input type="checkbox"/>	Total Due _____ + / - Credit/Balance Due _____ Grand Total = _____ Amount Paid _____
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SIGN NEXT PAGE

This form must be completed and signed before registration can be processed. Fees will need to be PAID IN FULL (including any past due balance) before the camper will be allowed to attend camp.

If requesting divided payments, 1/3 of the fee is due with this registration, another 1/3 due on May 9, and final payment on May 30. Fees must be PAID IN FULL before the camper will be allowed to attend camp.

If program fees will be paid by another agency, please attach the agency's funding approval form, SIGNED BY THE AGENCY to this Registration Form. Submit both to NISRA.

Billing Name/Agency _____ Phone (_____) _____

Payment Type: Check Cash Mastercard VISA Discover Other (ex. respite or other agency pays)

Account # _____ Exp. Date ____/____ Security Code _____

Cardholder Name (please print) _____ Signature _____

Cardholder Address _____ City _____ State ____ Zip _____

WAIVER RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR NORTHERN ILLINOIS SPECIAL RECREATION ASSOCIATION – READ CAREFULLY

Please read this form carefully and be aware that in signing up and participating in NISRA programs, you will be waiving and releasing all claims for injuries arising out of these programs that you or the other 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 NISRA, any and all other participating or cooperating 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 NISRA 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 NISRA 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 service, facilities, or premises involved in these programs, and transportation to and from any 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 advisements 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.
- Photo release: NISRA takes photos & video of participants in programs. By signing the waiver, you are giving permission to NISRA to use these photos & videos in our publications, on our website and social media outlets without further permission and without any compensation to you. All photos & video are the property of NISRA.
- In case of emergency, I give my permission for the participant to receive any first-aid, transportation or medical attention that may be required.
- I authorize NISRA to release participant information files to McHenry County Mental Health Board for the purpose of NISRA program funding review.

A facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature _____

Date _____

*Please mail or drop off your form. Email in not encrypted & may get trapped in a SPAM filter. Fax can be difficult to read.
Mail or drop off form to: NISRA, 285 Memorial Drive, Crystal Lake, IL 60014

*Once you've registered, please refer to your **Parent Information** packet with all the camp policies & procedures, online at www.nisra.org or you may call NISRA to request a paper copy to be mailed to you.*

Detach and mail or drop off with payment to: NISRA, 285 Memorial Drive, Crystal Lake, IL 60014