

REGISTRATION FORM - FALL 2025

Both sides of this form must be completed, signed, and returned with payment to the NISRA Office before registration will be processed and the participant will be allowed to attend any program. Refer to registration information on **page 53**.

Please give us thorough information to help provide the safest and best care possible!

Registration forms received after the August 12 deadline will be reviewed after September 15, 2025.

Are you a **new** participant? Yes ☐ No ☐ If yes, how did you hear about NISRA? _____

We'll contact you soon! Best time to call: **9:00 am - 12:00 pm** ☐ **12:00 - 3:00 pm** ☐ **3:00 - 6:00 pm** ☐

Participant's Information

Last Name _____ First Name _____
☐ New Address _____ City _____ State _____ Zip _____
 Participant Phone () _____ Birthdate _____ Age _____ Gender: Female ☐ Male ☐ Other ☐
 School _____ School District _____ Teacher _____
 Employer/Service Provider _____ Caseworker _____ Phone() _____
 Primary Disability _____ Secondary Disability _____
 Down syndrome? Yes ☐ No ☐ If yes, check for Atlanto-Axial Subluxation Condition? _____ Date condition cleared? _____
 Seizures? Yes ☐ No ☐ *If you check yes and are a new participant, please complete the Seizure Questionnaire Form in this brochure return with registration.

Contact Information (Family/Guardian/Group Home)

If the participant is an adult, do they have their own legal guardian status? Yes ☐ No ☐ Participant is Primary Contact ☐

Primary Contact Information - person who should be contacted FIRST

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

***Primary phone # and email will be used to communicate program changes, automated messages, and for staff to have at the program.**

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 () _____

Group Home Name _____ Group Home Contact Name _____
 (Name and Relationship)

Phone () _____ Email Address _____

Emergency Contact Please give the name of a **relative or friend** who can respond in case of emergency when the primary or alternate cannot be reached.

Last Name _____ First Name _____ Relationship _____
 Primary Phone () _____ Alternate Phone () _____ Work Phone () _____

Alternate Emergency Contact

Last Name _____ First Name _____ Relationship _____
 Primary Phone () _____ Alternate Phone () _____ Work Phone () _____

It might be time! Just ONCE A YEAR, we're requesting that you complete the Annual Information Form. (next pages)

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

Please turn this page to complete the program registration and sign the waiver. **SIGN NEXT PAGE** 

Participant Name _____

Program #	Program Name <i>Please make sure the Program # matches the Program Name!</i>	Transportation Location *if offered <i>Please write "none" if you are NOT taking the transportation that is offered.</i>	Program Fee
FOR OFFICE USE ONLY			Subtotal of Fee Due =
			minus any available credits -
Contribution to NISRA Foundation for scholarships, accessible busses, and innovative programs			
Total Fee Due (submit along with registration form)			

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 participation 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 services, 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 the Agreement.

Photo release: NISRA takes photos and video of participants in programs. By signing the waiver, you are giving permission to NISRA to use these photos and 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.

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

Parent/Guardian Signature _____ **Date** _____

*Participant may sign if they are their own guardian

Relationship to Participant _____

***Please mail, drop off, or email your registration forms. Fax can be difficult to read. Mail, drop off, or email forms to:**
NISRA | 285 Memorial Drive | Crystal Lake, IL 60014 | info@nisra.org

Please give us your feedback! Use this space for suggestions and new program ideas: _____
