NISRA
Northern Illinois Special Recreation Association

Northern Illinois Special Recreation Association
Fitness Program Waiver

TO: Medical practitioner
FROM: Northern Illinois Special Recreation Association (NISRA)
RE: Recommendation for participation
DATE:

NOTE: Participants that have a current Special Olympics APP form on file need not complete this Waiver.

Your patient (name below) desires to register to participate in a NISRA fitness program. These programs involve physical exercise through the use of aerobics, treadmill, weights, and/or resistance equipment. A typical fitness program meets 1-2 times/week for up to 1 hour. NISRA provides a close-staff-to-participant ratio and the exercises are chosen based upon the participant's ability level.

In order for your patient to participate in this type of program, we are requesting a medical clearance. Please complete the following information and return it to the NISRA office by the registration deadline for the program.

Part 1: For completion by NISRA Participant.
Print Name: _____
I give permission for (medical practitioner name)_____ to complete this medical clearance form. It needs to be sent to NISRA prior to the start of the programs which begins on _____ in order for me to be allowed to participate.

Date: _____ Participant signature: _____

Part 2: For completion by medical practitioner licensed to administer physical examinations in the State of Illinois.
Please check:
_____ I support my patient's participation in this program with no restrictions
_____ I support my patient's participation in this program with the following restrictions: _____
_____
_____ I do not recommend my patient's participation in the program for the following reasons: _____
_____

Date: _____ Medical Practitioner's signature: _____
Medical practitioner's address: _____

Please return to: NISRA
285 Memorial Drive
Crystal Lake, IL 60014

(815) 459-0388 Fax*

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

This form will be valid for 2 years from the date of the Medical practitioner's signature. The form will need to be re-submitted if the participant has medical treatment that could affect his/her participation.