

NISRA REGISTRATION FORM

Both sides of this form must be completed, signed and returned, WITH FULL 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 48 of the brochure.

Registrations received after the deadline will be reviewed after the upcoming session starts.

Are you a **new** participant? Yes No If yes, how did you hear about NISRA? _____
 We will contact you soon to help you with more information to get started in your first NISRA program.

Registering from brochure: from child's school/ adult's group home mailed to me picked up at: _____
(please specify location)

Participant's Information

Last Name _____ First Name _____
 Address _____ City _____ Zip _____
 Birthdate _____ Age _____ Gender: Female Male
 School _____ School District _____ Teacher _____
 Employer/Service Provider _____ Caseworker _____ Phone () _____
 Primary Disability _____ Secondary Disability _____
 Down syndrome? Yes No If yes, checked for Atlanto-Axial Subluxation Condition? _____ Date Condition cleared? _____
 Seizures? Yes No If new & no Seizure Questionnaire on file w/NISRA, please complete form in this brochure & return w/registration.

Contact Information (Family/Guardian/Group Home)

If the participant is an adult, does he or she have his or her own legal guardian status? Yes No

Primary Contact Information – person who should be contacted FIRST

Last Name _____ First Name _____ Relationship _____
 Email address (please print) _____
 • Primary Phone () _____ **# called FIRST with program changes, automated messages, and for staff to have at the program**
 • 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 () _____

Group Home Name _____ **Group Home Contact Name** _____ Phone () _____
(Name and Relationship)
 Email address _____

Emergency Contact—Please give the name of 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 () _____

Please turn this page to complete the program registration and sign the waiver.

Just once a year, in Summer or Fall, we request that you complete the Annual Information Form (available online at www.nisra.org). Please give us valuable information to help us provide the safest & best care possible!

For Office Use Only	Date rec'd. _____ By _____ In computer <input type="checkbox"/> Wait List <input type="checkbox"/>	Other agency pay <input type="checkbox"/> Scholarship <input type="checkbox"/> NISRA Respite <input type="checkbox"/>	Check # _____ Cash _____ Charge _____	Total Due _____ +/-Credit/Balance Due _____ Grand Total= _____ Amount Paid _____
R / NR				

Participant Name _____

Program # Please make sure Program # matches the	Program Name	Transportation Location (if offered)* Please write "none" if you are NOT taking the transportation that is offered.	Program Fee
Subtotal of Fee Due minus any available credits			=
Contribution to NISRA Foundation for scholarships, accessible buses, and innovative programs			-
Total Fee Due (submit along with Registration Form)			

You may pay by credit card. Please check one: Master Card VISA Discover

Account # _____ Expiration Date ___/___ Security Code (back of card) _____

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

Participant/Parent Signature _____ **Date** _____

NISRA's Values: Fun • Professional • Trustworthy • Innovative • Compassionate

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

*Please mail or drop off your form. Email is 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 (See brochure pg 3 for dates the office is closed)