

# New Star Recreation Services Fall/Holiday 2020 Registration

New Star Recreation Services requires that the following form be updated seasonally or a change in the participants health. Please complete this form in its entirety, return it with your completed registration and payment. You must have a current registration on file in order to participate in any NSRS activities. All information will remain confidential. ***Please read updated registration procedures on page 12.***

## **Participant Information**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Group Home: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Park District: \_\_\_\_\_ Agency Affiliation: \_\_\_\_\_

## **Family/Guardian Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ ***\*E-mail: \_\_\_\_\_***

***\*Email Address is need to send Zoom invites for virtual programs.***

## **Emergency Contact Information (other than parent/guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Medical Information**

Doctor Name: \_\_\_\_\_ Hospital: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Diagnosis (check all that apply) \_\_\_\_\_ Developmental Delay \_\_\_\_\_ Autism \_\_\_\_\_ Down Syndrome \_\_\_\_\_ Mental Illness

\_\_\_\_\_ Vision Impairments \_\_\_\_\_ Learning Disability \_\_\_\_\_ Behavior Disability \_\_\_\_\_ Traumatic Brain Injury

\_\_\_\_\_ Spinal Cord Injury \_\_\_\_\_ Hearing Impairment \_\_\_\_\_ Physical Disability \_\_\_\_\_ Stroke

\_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Type \_\_\_\_\_ Frequency

Other Impairments (explain): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication (type, dose & frequency) Use separate sheet if needed \_\_\_\_\_

Adapted Equipment: \_\_\_\_\_

Uses Wheelchair \_\_\_ Yes \_\_\_ No If Yes, \_\_\_ Manual \_\_\_ Electric Can participant transfer: \_\_\_ Yes \_\_\_ No

Does participant have a behavior program? \_\_\_ Yes \_\_\_ No If Yes, please attach a copy of behavior program plan.

Dietary restrictions: \_\_\_\_\_

Self Care; Please circle.

**Eating**      Independently      Monitoring      Requires assistance      Explain \_\_\_\_\_

**Bathroom**      Independently      Monitoring      Requires assistance      Explain \_\_\_\_\_

**Dressing**      Independently      Monitoring      Requires assistance      Explain \_\_\_\_\_

**Mobility**      Independently      Monitoring      Requires assistance      Explain \_\_\_\_\_

Is the participant clear of Atlantoaxial Instability (AAI) \_\_\_\_\_ Yes \_\_\_ No

Other considerations and information that will help the staff with program operations (likes-dislikes, fears and triggers) \_\_\_\_\_

**Check only those programs you are registering for. Payment must accompany Registration Form.**

| ✓ | Fee  | Program                                  |
|---|------|--|
|   | \$5  | Music and Movement- Virtual              |
|   | \$8  | Music and Movement- In-Person            |
|   | \$5  | Shake It Up!- Virtual                    |
|   | \$8  | Shake It Up!- In-Person                  |
|   | \$5  | Snackaroo For You- Virtual               |
|   | \$8  | Snackaroo For You- In-Person             |
|   | \$5  | Making Sock Puppets- Virtual             |
|   | \$8  | Making Sock Puppets- In-Person           |
|   | \$5  | Sock Puppets Lip Sync- Virtual           |
|   | \$8  | Sock Puppets Lip Sync- In-Person         |
|   | \$5  | 5 Minute Recipes- Virtual                |
|   | \$5  | Virtual Zumba- Virtual                   |
|   | \$5  | Fitness Bingo- Virtual                   |
|   | \$5  | Chair Dancing- Virtual                   |
|   | \$5  | Just Dance Off- Virtual                  |
|   | \$5  | Pilates Powerhouse for Vets- Virtual     |
|   | \$5  | I Scream for Ice Cream- Virtual          |
|   | \$   | Sweet As Pie- Virtual                    |
|   | \$5  | Latin Celebration- Virtual               |
|   | \$25 | Super Sensory- In-Person                 |
|   | \$15 | Go With The Flow- In-Person              |
|   | \$25 | Craft Club- In-Person                    |
|   | \$15 | Boccia- In-Person                        |
|   | \$15 | Beginner Golf- In-Person                 |
|   | \$20 | Snowshoeing- In-Person                   |
|   | \$60 | Basketball- In-Person                    |
|   | \$30 | Alley Cats ____ 4-5pm- In-Person         |
|   | \$30 | King Pin ____ 4-5pm ____ 5-6pm In-Person |
|   | \$15 | Reading in Nature- In-Person             |
|   | \$30 | Dinner Club- In-Person                   |
|   | \$15 | Old Games New Twist- In-Person           |

| ✓ | Fee   | Program                            |
|---|-------|------------------------------------|
|   | \$25  | Making Terrariums- In-Person       |
|   | \$188 | Friday Night Socialites- In-Person |
|   | \$22  | FNS- End of Summer Bash- In-Person |
|   | \$18  | FNS- Sip and Paint- In-Person      |
|   | \$18  | FNS- Motown Madness- In-Person     |
|   | \$18  | FNS- Weird Science- In-Person      |
|   | \$18  | FNS- Halloween Movie- In-Person    |
|   | \$18  | FNS- Football Frenzy- In-Person    |
|   | \$18  | FNS- Halloween Party- In-Person    |
|   | \$18  | FNS- Neon Party- In-Person         |
|   | \$18  | FNS- Finish the Dance- In-Person   |
|   | \$22  | FNS- Friends-Giving Fun- In-Person |
|   | \$5   | Merry-Okee- Virtual                |
|   | \$5   | DIY Ornaments- Virtual             |
|   | \$5   | DIY Ornaments- Virtual             |
|   | \$30  | Take a Holiday Break- In-Person    |
|   | \$35  | Holiday Magic- In-Person           |
|   | \$30  | Monday Night Football- In-Person   |
|   | \$5   | DIY Greeting Cards- Virtual        |
|   | \$8   | DIY Greeting Cards- In-Person      |
|   | \$20  | Holiday Hoopla- In-Person          |
|   | \$5   | Where's Santa- Virtual             |
|   | \$8   | Where's Santa- In-Person           |
|   | \$15  | Chicago Bears- In-Person           |
|   | \$8   | Hot Chocolate & Movie- In-Person   |
|   | \$22  | Holiday Social- In-Person          |
|   | \$100 | Holiday Mini Camp- In-Person       |
|   | Free  | Activity Lottery- Virtual          |
|   | Free  | Potluck Recipe Sharing- Virtual    |
|   |       |                                    |
|   |       |                                    |

**Office Only**

Total: \_\_\_\_\_ Paid by: \_\_\_\_\_  
 Past Due: \_\_\_\_\_ Cash \_\_\_\_\_  
 Credits: \_\_\_\_\_ Check# \_\_\_\_\_  
 Final Cost: \_\_\_\_\_  
 Payment: \_\_\_\_\_ Staff Initials/Date \_\_\_\_\_  
**Remaining Balance:** \_\_\_\_\_

**Mail payment and registration to**

**NSRS 600 Oglesby Ave., Calumet City, IL 60409**

NSRS office hours will be limited. Please contact Nancy at 708-207-9141 to make an appointment to register in-person.

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 part of this agreement. On occasion, NSRS staff may photograph or video tape participants in programs or events. These photos are for NSRS use only and may be used in publications, brochures, pamphlets, flyers and/or videos. If you wish not to be photographed or videoed, please submit documentation stating otherwise. **Registration and payment must be made prior to attending a program. Registration and payment will not be accepted at programs. Registration and payment will not be accepted at programs or over the phone. Outstanding balance from a previous season must be paid in full before a new registration is taken.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Please continue to write checks to SRS until further notice.**