

New Star Recreation Services Fall/Holiday 2019 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: _____

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
	\$30	Alley Cats 4-5 pm
	\$20	Mom & Tot Sing and Dance
	\$35	Baila Con Migo (Dance with Me)
	\$20	Kids Open Gym
	\$20	Music & Dance
	\$25	Sensory Play
	\$110	FNS All Dates
	\$20	FNS- Caramel Apples
	\$20	FNS- 80's Flash Dance
	\$20	FNS- Halloween Lore
	\$20	FNS- Halloween Hip-Hop
	\$20	FNS- Friends-Giving Fun
	\$30	FNS- Turkey Trot
	\$40	Special Olympics Swim Training
	\$40	Special Olympics Bowling
	\$70	Special Olympics Basketball
	Free	Special Olympics MedFest
	\$35	King Pin ____ 4-5pm ____ 5-6pm
	\$35	Baila Con Migo (Dance with Me)
	\$30	Craft Club
	\$30	Dinner Club
	\$20	Take a Stroll (free if enrolled in Dinner Club)
	\$24	Apple Picking

✓	Fee	Program
	\$10	Thursday Night Blackhaw
	\$25	Seigel's Cottonwood Farm
	\$15	Pumpkin Decorating
	\$30	Illinois Railway Museum
	\$25	Wheaton Train Show
	\$15	Opening Doors Show
	\$18	Breakfast Buddies
	\$12	Matinee Movie
	\$25	Monday Night Football
	\$30	Eating with the Stars
	\$55	Christmas Ball
	\$25	Holiday Magic
	\$30	Christkindlemarket & Macy's Windows
	\$18+	Feed the Hungry Dance
	\$5	Lunch with the Grinch
	\$10	Hot Chocolate and a Movie
	\$20	Holiday Social

Office Only	Paid by:
Total: _____	Cash _____
Past Due: _____	Check# _____
Credits: _____	
Final Cost: _____	
Payment: _____	Staff Initials/Date _____
Remaining Balance: _____	

Mail payment and registration to
 NSRS 921 9th St. Maywood, IL 60153

Register in person at the main office located in the
 Administration Building
 921 9th St. Maywood, IL 60153

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.