

**New Star Recreation Services
Master/Annual Registration Form**

New Star Recreation Services requests that the following registration form be updated annually or in case of significant change in the participant's health. Please complete this form and return it with your program registration. You must have a current registration on file in order to participate in NSRS activities. All information on this form will remain confidential.

Participant Information (Please Print)

First, middle, & last name: _____ Nickname: _____

Is participant his/her own guardian? Yes _____ No _____ Park District (ex: Dolton, South Holland): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: ___/___/___ Gender: M ___ F ___ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

School/Place of Employment: _____ Teacher/Supervisor: _____

Group Home/Residential Facility: _____ Manager/Caseworker: _____

Primary language used at home: _____ T-Shirt Size (Youth or Adult): _____

Pant Size (Youth or Adult): _____ Shoe Size (Youth or Adult): _____

Diagnosis (check all that apply): _____ Intellectual Disability _____ Autism _____ Down Syndrome

_____ Vision Impairments _____ Learning Disability _____ Stroke _____ Cerebral Palsy

_____ Behavior Disability _____ Physical Disability _____ Traumatic Brain Injury

_____ Spinal Cord Injury _____ Hearing Impairment

_____ Seizure Disorder* Type: _____ Frequency: _____

***Must fill out NSRS Seizure Form**

If participant has Down Syndrome, has he/she been tested for Atlantoaxial Instability? _____ Yes _____ No

If yes, were the results positive? _____ Yes _____ No (If yes, please attach a copy of medical exam)

Other Impairments (explain): _____

Medication (type, dose, & frequency) use separate sheet if needed: _____

***If medication will be dispensed at a program, a "Permission to Dispense Medication" form must be completed.**

Allergies: _____ Dietary Restrictions: _____

Doctor's Name: _____ Doctor's Phone: _____ Hospital Affiliation: _____

Parent/Guardian Contact Information

First & Last name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Secondary Emergency Contact (must be someone other than parent/guardian or caseworker)

First & Last name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Caseworker Information

Caseworker Name: _____ Agency Name: _____

Address: _____

Phone Number: _____ Cell: _____ Email: _____

Daily Living SkillsEating: Eats independently Needs to be monitored Needs assistance Explain: _____Bathroom: Toilets independently Needs to be monitored Needs assistance Explain: _____Dressing: Dresses independently Needs some assistance Cannot dress independently Explain: _____Mobility: Walks independently Uses manual wheelchair Uses motorized wheelchair Uses other devices

Explain: _____

Communication: Verbal: Speaks clearly Verbal: Difficult to understand Has difficulty expressing needs Gestures/Points Uses sign language Uses hearing device/hearing aids Uses a communication board/schedule/pictures

Explain: _____

Swimming: Swims independently Can swim a little Cannot swim at all Extreme fear of water

Explain: _____

Interaction/ Socialization SkillsSocial Interaction: Initiates social interaction on own Socializes with verbal prompting Avoids social interaction

Explain: _____

Prefers being:	<input type="checkbox"/> Alone	<input type="checkbox"/> With peers	<input type="checkbox"/> With adults	Explain:
Is most successful in:	<input type="checkbox"/> Large groups	<input type="checkbox"/> Small groups	<input type="checkbox"/> Other	Explain:
Responds better to:	<input type="checkbox"/> Males	<input type="checkbox"/> Females	<input type="checkbox"/> Either	Explain:

Please list any sensory issues participant may have: _____

Behavior/Conduct (NSRS reserves the right to request behavior plans and IEP's)

Following Directions: Can follow directions independently Needs verbal prompting Needs step-by step assistance

Explain: _____

Check all that apply: ___ Short attention span ___ Easily distracted ___ Hyperactivity ___ Tendency to wander off

___ Manipulative ___ Verbal Outburst ___ Instigates behavior ___ Self –abusive behaviors

___ Steals ___ Tantrums/Meltdowns ___ Oppositional/Defiant ___ Physical aggression to others

___ Depression/Sadness ___ Anxiety ___ Obsessive Thoughts ___ Phobias

List other inappropriate behaviors here: _____

If you checked yes to any behaviors above, please provide a detailed explanation: _____

What are the known triggers to the behaviors above? _____

Does the participant respond to specific behavior management techniques used at home, school or work? ___ Yes ___ No

Explain: _____

Does the participant have unusual fears or concerns? ___ Yes ___ No Explain: _____

Personal Interest

Favorite quiet activities: _____ Favorite active games: _____

Least favorite activities: _____

Favorite food: _____ Favorite color: _____ Hobbies: _____

Interests for Participating (please check all that apply)

<input type="checkbox"/> Physical activity	<input type="checkbox"/> Socialization/friendship	<input type="checkbox"/> Group interaction	<input type="checkbox"/> Skill development	<input type="checkbox"/> Motor development
<input type="checkbox"/> Creativity/Self-expression	<input type="checkbox"/> Self-esteem/confidence	<input type="checkbox"/> Responsibility	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Fun!

If over 21, permission for participant to consume alcohol during program/trip? Yes No

Participants are allowed to have a maximum of 2 alcoholic drinks at their own expense.

THIS FORM MUST BE FILLED OUT COMPLETELY OR PARTICIPATION WILL BE DENIED

This form was filled out by: _____ Relationship: _____
Please print name

Signature: _____ Date: _____

Note: Annual Information Form and the Annual Waiver and Release must be updated at the beginning of each calendar year or your first registration of the year. Please let us know if any information changes during the year. Please notify us of changes in medication that occur during the year and complete a new Permission to Dispense Medication form.

NSRS Waiver and Release Form of All Claims**New Star Recreation Services**

Please read this form carefully and be aware that, in signing up and participating in New Star Recreation Services programs you will be waiving and releasing all claims for injuries, arising out of these programs, that you or other participants may sustain. The term “I”, “me”, and “my” also refer to the parents or guardians as well as the participants in the program.

In registering for these NSRS programs, you are agreeing to the following:

As a participant in NSRS 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 participating, in any manner, in any and all activities, including NSRS provided transportation that are connected with NSRS program participation. I further recognize and acknowledge that all adventure type and athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any all claims that I may have as a result of participating in these programs against New Star Recreation Services, any and all other participating or cooperating governmental units, independent contractors, officers, agents, servants, and employees of the governmental bodies, 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 New Star Recreation Services and other released parties from any and all claims for injuries, damage 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 New Star Recreation Services and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, 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”, “programs” and “activities”, referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the NSRS 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 the NSRS programs, and transportation to and from any event.

I understand the nature of these programs from which I am registering, and have 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 this agreement.

Parent or Guardian Signature

Date

Participant Signature

Date

Photo/Video: New Star Recreation Services occasionally uses participant photos, videos, likeness, and/or name in publicity or brochures related to NSRS. Please notify us in writing if you do not want your child/ward’s photo, video, likeness and/or name used in brochures or promotional materials related to NSRS. I have been made to understand that no personal information other than first names and hometowns will be released under any circumstances and this meets my approval.