

# New Star Recreation Services Summer 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) \_\_\_\_\_

# NSRS Summer 2019 Program Registration

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

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

✓	Fee	Program
	\$35	Alley Cats 4-5 pm
	\$45	Little Guppies
	\$30	Jr. Slammers
	\$20	Kids Open Gym
	\$146	FNS- All Program Dates
	\$22	FNS- Beach Party
	\$18	FNS- Superhero Party
	\$22	FNS- Hawaiian Luau
	\$22	FNS- Movie Night
	\$22	FNS- County Western Dance
	\$18	FNS- Summer BBQ
	\$40	SO Swim Training
	\$30	SO Tennis
	\$40	SO Volleyball
	\$40	Making Waves
	\$35	King Pin ___ 4-5 pm ___ 5-6 pm
	\$30	Craft Club
	\$30	Dinner Club
	\$20	Take a Stroll (Free if enrolled in Dinner Club)
	\$20	Sunshine for Golf
	\$35	Brookfield Zoo
	\$35	Chicago Fire
	\$10	Disk Golf
	\$10	Go Take a Hike
	\$30	Chicago Sky
	\$25	Morton Arboretum
	\$30	Bears Training Camp

✓	Fee	Program
	\$20	Lazy Day at the Beach
	\$25	Gary Rail Cats Baseball
	\$35	T-Bolts Baseball Executive Suit
	\$300	Little Rascals- ___AM ___PM
	\$500	Little Rascals- Full Day
	\$85	Little Giants- Before Care 8-9 am
	\$300	Little Giants- ___AM ___PM
	\$500	Little Giants- Full Day
	\$85	Little Giants- After Care 3-4 pm
	\$85	Jr. Crew Before Care 8-9 am
	\$300	Jr. Crew ___AM ___PM
	\$500	Jr. Crew Full Day
	\$85	Jr. Crew- After Care 3-4 pm
	\$85	Groovin Grown Ups- Before Care 8-9 am
	\$300	Groovin Grown Ups- ___AM ___PM
	\$500	Groovin Grown Ups- Full Day
	\$85	Groovin Grown Ups- After Care 3-4 pm
	\$30	AM Care Fridays- 8-9 am
	\$100	Field Trip Fridays
	\$30	PM Care Fridays- 3-4 pm
	\$160	Mini Camp ___3-12 ___13 and older

**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**  
 Register in person at the NSRS office located in the  
 Sandridge Fitness Center  
 600 Oglesby Ave. Calumet City, IL 60409

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.