

New Star Recreation Services South Summer 2021 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 10.***

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
	\$35	Alley Cats
	\$30	Jr. Slammers
	\$20	Kids Outdoor Fun & Games
	\$152	Friday Night Socialites - ALL
	\$20	FNS- Container Garden
	\$18	FNS- 4th of July Party
	\$18	FNS- Scavenger Hunt
	\$18	FNS- Mini Golf
	\$18	FNS- Start Gazing
	\$20	FNS- Sip and Paint
	\$20	FNS- Night of Surprises
	\$22	FNS- Under the Stars
	\$40	Aqua Fun and Fitness
	\$30	Outdoor Sports Skills
	\$35	King Pin
	\$30	Dinner Club
	\$20	Outdoor Fitness
	\$25	Craft Club
	\$20	Just Dance
	\$20	Geocaching
	\$25	Brunch Break
	\$20	Ready, Set, Hike!

✓	Fee	Program
	\$25	Movie Time
	\$20	Mini Golf
	\$25	Fun at Green Lake Family Aquatics
	\$20	Nature Walk at Wolf Lake
	\$25	End of Season Picnic
	\$250	Camp Discover AM Only
	\$500	Camp Discover Full Day
	\$250	Camp Discover AM Only
	\$250	Camp Explorers AM Only
	\$500	Camp Explorers Full Day
	\$250	Camp Explorers PM Only
	\$250	Adventure AM Only
	\$500	Adventure Full Day
	\$250	Adventure PM Only
	\$150	Field Trip Friday
	\$160	Mini Camp Ages 11-17
	\$160	Mini Camp Ages 18 and Older

Call Nancy at (708) 207-9141 to register for programs.

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

Contact Nancy at 708-207-9141 to set up an appointment to register for Summer 2021 programs. Payment arrangements will be made with Nancy at that time.

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.

Registrations for Summer 2021 will be taken over the phone. Contact Nancy at 708-207-9141 to register for programs.

Payments arrangement will be made with Nancy at that time.

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.