

Atlantoaxial Instability Condition

Individuals with Down syndrome are at risk of having Atlantoaxial Instability (AAI) which allows increased mobility of the first and second vertebrae. For the safety of NWSRA participants, individuals with Down syndrome will not be allowed to participate in activities such as diving, the butterfly stroke in swimming, tumbling, gymnastics, the high jump and others which could potentially injure the neck area unless a doctor's note stating the participant is free of AAI is submitted to NWSRA. An x-ray by a doctor is necessary to determine if the condition is present. Parent/guardian should indicate on the registration form whether or not Atlantoaxial Instability Condition is present. For more information on AAI, contact NWSRA and ask to be sent form 352 on AAI.

Dispensing of Medication

If a participant is in need of assistance to take prescription medication, a permission form allowing NWSRA staff to administer medication must be obtained from the NWSRA office. This permission form must be signed by the parent or guardian and returned to NWSRA before staff may assist the

participant in taking medication. Complete the medication information on the registration form and a release will be mailed. Medication information must be indicated on the NWSRA registration form for staff awareness to dispense it during the program. All medications to be given during NWSRA programs must be in NWSRA envelopes and brought in to the NWSRA office for the entire session prior to the start of the program. Adult participants older than 22 years of age who need more than a reminder to take prescription medication will need to follow NWSRA's guidelines for dispensing medication.

Mandated Reporters

All NWSRA staff are mandated by the State of Illinois to make a report to the DCFS hotline if they observe a situation that provides reasonable cause to suspect child abuse or neglect. Workers in certain professions, including "recreational program" personnel have this legal mandate. Staff are trained on signs and symptoms of abuse and neglect, and procedures for making a report.

REGISTRATION INFO

Completing The Registration Form

Registration forms and fees may be mailed or turned into the NWSRA office by the registration deadline in order to allow participation on the first day of the program. Staff cannot receive registration forms or fees at NWSRA activities. We do not make confirmation of registration. If programs are cancelled or postponed, individuals registered will be notified by phone. Each fall, all participants are required to complete the Registration and Participant Information forms. This process of updating information will contribute to the overall safety and quality of NWSRA services. For all other registrations throughout the year, participants need only to fill out the Registration Form. No priority is given to mail-in, drop-off, e-mail or online registrations. Processing begins when registration begins (see page 2).

Family Registration

For all NWSRA programs open to sibling/family members, the separate, signed Family Member Registration form, located at the back of the brochure, must accompany the participant's registration form.

Faxing Your Registration Form

NWSRA will accept faxed registration forms, but encourages our customers to call the office for a confirmation of receipt. This will ensure that the fax was received and accepted. NWSRA's fax number is 847/392-2870. To confirm your fax, please call the office at 847/392-2848.

Refunds and Credits

1. A full refund or credit will be issued if a program is cancelled.
2. In the event of prolonged illness or moving, a \$5.00 service fee will be charged and a prorated refund or credit issued. A doctor's notice is required for illness.
3. If NWSRA has incurred costs due to purchase of tickets, rentals, deposits, etc., a 48-hour notice must be given to NWSRA and vacancy caused by cancellation filled. If both conditions are met, a \$5.00 service fee will be charged and a refund or credit will be issued.
4. If a participant cancels out of a program or transportation prior to the start, and no costs have been incurred, a \$5.00 service fee will be charged and a refund or a credit will be issued.
5. A prorated refund or credit may be given if the program is deemed inappropriate for a participant.
6. If inclement weather or leader absence occurs, NWSRA will try to reschedule the activity or issue a credit or refund.
7. Credits given must be used in the current calendar year.

Non-resident Fee

Non-residents will be assessed a 50% fee increase above the charges listed. NWSRA park district residents will have priority in registering for all NWSRA programs. Non-residents will be allowed to register as additional space, tickets, seating and leadership allow. Final decisions will be made after the registration deadline when applicable. Door-to-door transportation is not available for non-residents.

Financial Assistance Policy

For information on the policy and application forms, please contact the NWSRA office at 847/392-2848. Please keep the application deadline for weekly programs in mind. The application process may take several weeks, so please inquire early. Financial assistance is available to member park district residents. Individuals applying for financial assistance must register by mail, fax or drop off only. Financial Assistance applications must be completed for each season. A \$10 deposit is required with each application form.

NWSRA Payment Procedures

NWSRA registrants have two options for making payments toward NWSRA programs. Registrants may either pay in full at the time of registration or have payments automatically withdrawn over the course of three payment dates via a credit card.

Automatic Withdrawal

If a registrant chooses the option to have payments automatically withdrawn for a registration, they must request the automatic withdrawal by checking the box on the registration form. The grid below outlines the dates in which payments will be automatically withdrawn for each registration season. The registrant must provide a valid credit card and it is understood that amounts will be withdrawn according to the dates designated below:

SEASON	1/3 of amount withdrawn	Second 1/3 of amount withdrawn	Final 1/3 of amount withdrawn
Winter/Spring	Registration Deadline	February 1	March 1
Day Camp	Registration Deadline	July 1	August 1
Summer	Registration Deadline	July 1	August 1
Fall	Registration Deadline	October 1	November 1



FAMILY MEMBER REGISTRATION

WINTER/SPRING 2015

Please attach to participant registration form.

Name (Last) _____ (First) _____ Birth date _____ Sex: M__ F__

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Name (Last) _____ (First) _____ Birth date _____ Sex: M__ F__

Name (Last) _____ (First) _____ Birth date _____ Sex: M__ F__

Relationship to Participant: Sibling _____ Spouse _____ Parent _____ Friend _____

Participant Name (Last) _____ (First) _____

Parent/Guardian Information:

If different from Participant Information, please complete:

Name (Last) _____ (First) _____

Address _____ City _____ Zip _____

Home Phone # (_____) _____ Work Phone # (_____) _____

Please indicate any medical conditions, allergies, medication information, inappropriate activities etc. for the above listed individuals.

Names of Family Member(s) Attending	Program #	Program Name

Insurance

NWSRA carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to provide their own medical insurance. NWSRA must have the following information, however, in case of an emergency.

Medical Insurance Company _____ Policy # _____

IMPORTANT INFORMATION

NWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. NWSRA continually strives to reduce risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of children registering for the programs listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs.

You are solely responsible for determining if you or your child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational programs and activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program or activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, participant misconduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for NWSRA to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the above identified programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs (including transportation services, when provided.) I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against NWSRA including its officials, agents, volunteers and employees (hereinafter collectively referred as NWSRA). I do hereby fully release and forever discharge NWSRA from any and all claims for injuries, damages, or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, e-mail, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature _____ Date _____
Adult participant if own guardian or parent/guardian

Please Print Name _____

W/S 2015 REGISTRATION



If registering more than one participant, please complete an additional form. Family members may register on page 37.

RETURN TO: NWSRA, Park Central, 3000 W. Central Road, Suite 205, Rolling Meadows, Illinois 60008 or FAX to 847/392-2870.

Questions? Call - VOICE: 847/392-2848 • TTY: 847/392-2855 Would you like to be added to our mailing list? Please check ☐

Participant's Information:

Participant's Name (Last) _____ (First) _____

Address _____ City _____ Zip _____

Home Ph. # (_____) _____ Work Ph. # (_____) _____ Cell Phone # (_____) _____

Sex: F _____ M _____ Age _____ Birthdate _____ Spec. Ed. Classification/Medical Diagnosis _____

School/Workshop site _____ Teacher _____

School District _____ Park District _____ Township _____

Parent/Guardian Information: Mother's Name (Last) _____ (First) _____

Father's Name (Last) _____ (First) _____

Mother's e-mail: _____ Father's e-mail: _____

Address (if different from above) _____ City _____ Zip _____

Primary phone contact (Check one) MOTHER: Home _____ Work _____ Cell _____ or FATHER: Home _____ Work _____ Cell _____

Home Ph.# (M)(_____) _____ (F)(_____) _____ Work Ph.# (M)(_____) _____ (F)(_____) _____

Mother's Cell Phone: (_____) _____ Father's Cell Phone (_____) _____

Alternate Emergency Contact _____ Relationship to Participant _____

Home Ph. # (_____) _____ Work Ph. # (_____) _____

First & last names of people authorized to pick up participant _____

Program #	Program Name	Circle if Med needed at program	Pick Up Location	Drop Off Location	Program Fee	Trans. Fee	Total Fee
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					

You may charge your registration. Please check one.
American Express ☐ Discover ☐ MasterCard ☐ Visa ☐

Account # _____

Expiration Date _____/_____/_____

If requesting auto withdrawal payment plan, please check here ☐

By checking the automatic withdrawal box on the registration form, I authorize NWSRA to automatically withdraw payments in the amount shown from the listed account on the dates provided below.

Payment dates for auto withdrawal plan (Payment plans will only be offered with automatic withdrawal via a credit card):

1st withdrawal: Registration Deadline

2nd withdrawal: February 1

3rd withdrawal: March 1

Insurance

NWSRA carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to provide their own medical insurance. NWSRA must have the following information in case of an emergency.

Medical Insurance Company _____

Policy # _____

Minus Past Program Credits \$ _____

SLSF Donation \$ _____

Total Enclosed \$ _____

Make check payable to NWSRA

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You are solely responsible for determining if you or your child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational programs and activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program or activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, participant misconduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for NWSRA to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the above identified programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs (including transportation services, when provided.) I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against NWSRA including its officials, agents, volunteers and employees (hereinafter collectively referred as NWSRA). I do hereby fully release and forever discharge NWSRA from any and all claims for injuries, damages, or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, e-mail, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature _____ Date _____

Adult participant if own guardian or parent/guardian

Please Print Name _____

(over)



W/S 2015 PARTICIPANT INFO

Please complete this form if there has been a change in information or it was not completed for the Fall 2014 session. This portion ALWAYS needs to be updated in the fall or each season with additional changes.

SEIZURES: No___ Yes___ If "Yes", please complete seizure form.

MEDICAL CONDITIONS/NEEDS: Diabetes___ Shunts___ Braces___ Canes___ Walker___ Glasses___ G-tube___ VNS___ Trach___ Epi-pen___ PKU___ Suctioning___ Catheter___ Sign Language Assistance___ Hearing Aid___

Does participant require assistance for personal care (toileting, transferring, feeding, changing)? Yes___ No___ (If yes, a personal care information form will be sent to you.)

If using a wheelchair is participant capable of transferring? Yes___ No___ Wheelchair (type)_____

AAI Condition: If a participant has Down syndrome, have x-rays of the C-1 and C-2 vertebrae been taken and examined? Yes___ No___ Date_____

Is participant clear of Atlantoaxial Instability Condition (AAI)? Yes___ No___

Allergies (specific)_____ Other _____

Intolerances: _____

List specific medical instructions: _____

A permission form must be obtained, signed and returned to NWSRA in order for staff to assist with medications. Contact NWSRA to obtain a form.

For participants not needing medication dispensed at programs but would like to make us aware, please list all medications.

MEDICATION:

TYPE	DOSAGE	TIME

DOCTOR'S NAME: _____ Phone () _____

NWSRA provides an approximate 1:4 staff to participant ratio. Please note if participant requires a closer ratio and why: _____

Inappropriate Activities: _____

Behavior Issues: _____

Areas/goals for the instructor to work toward: _____

Release of information permission for NWSRA to contact school/workshop staff concerning the participant's needs: Yes___ No___

NWSRA regards and treats personal information about participants as confidential, except in certain unusual situations in which NWSRA may have a duty to provide such information to third parties in order to avoid unreasonable risks of harm to them or to other individuals in their care.

Photo permission for NWSRA publicity purposes: Yes___ No___

Please indicate under what circumstances, if any, participant may be without leader supervision.

Parent/Guardian Signature: _____ (sign only if participant may be without supervision)

IS A VEHICLE HARNESS REQUIRED? Yes___ No___

SWIM INFORMATION: Beginner___ Advanced Beginner___ Intermediate___ Advanced___ Diving___

Permission to apply sunscreen on participant: Yes___ No___

Other helpful information: _____

YOUR INPUT HAS IMPACT!

Please use the space below as a way to ask questions, make suggestions, voice concerns or even offer compliments! Your feedback will be read personally by an NWSRA staff member and we will do our best to give your ideas and needs our attention. Of course, there are times when we cannot fulfill every request due to available resources, but your request does not end there! Each season we review all requests that we were not able to accomplish the season before and reconsider the possibilities. If you would like to receive a written response, please check this box. ☐

W/S 2015 SEIZURE INFO



IF YOUR CHILD HAS SEIZURES, this form MUST be completed and verified by a signature before the participant is allowed to join any NWSRA program. Please check the correct response, complete each category and list any other information you feel NWSRA should be aware of to provide safe and enjoyable activities for the individual registered.

CONTACT INFORMATION:

Participant Name: _____ Date of Birth: _____
Parent/Guardian Name: _____ Tel.(H) _____ (W) _____ (C) _____
Other Emergency Contact: _____ Tel.(H) _____ (W) _____ (C) _____
Participant Primary Care Dr.: _____ Tel: _____

SEIZURE INFORMATION:

1. When was the participant diagnosed with seizures or epilepsy? _____

Seizure Type	Length	Frequency	Description
Absence (staring spell)			
Simple Partial			
Complex Partial			
Atonic (drop)			
Generalized (Gran Mal)			
Other (explain):			

2. What might trigger a seizure in the participant? _____

3. Are there any warnings and or behavior changes before the seizure occurs? Yes ___ No ___ If yes, please explain: _____

4. When was the participant's last seizure? _____

5. Has there been any recent change in the participant's seizure patterns? Yes ___ No ___ If yes, please explain: _____

6. How does the participant react after a seizure is over? _____

7. How do other illnesses affect the participant's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

8. What basic first aid procedures should be taken when the participant has a seizure? _____

SEIZURE EMERGENCIES:

9. Please describe what constitutes an emergency for the participant? _____

10. Has the participant ever been hospitalized for continuous seizures? Yes ___ No ___ If yes, please explain: _____

A seizure is generally considered an emergency when: A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Repeated seizures without regaining consciousness • First time seizure • Participant is injured or diabetic • Participant has breathing difficulties • Participant has seizure in water.

SEIZURE MEDICATION AND TREATMENT INFORMATION:

11. What medication(s) for seizures does the participant take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

12. What emergency/rescue seizure medications are prescribed for the participant?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

*After 2nd or 3rd seizure, for cluster of seizure, etc. **Orally, under tongue, rectally, etc. NWSRA DOES NOT ADMINISTER RECTAL VALIUM.

13. Does your child have a Vagal Nerve Stimulator Yes ___ No ___ If yes, please describe instructions for appropriate magnet use: _____

GENERAL COMMUNICATION ISSUES:

14. What is the best way for us to communicate with you about the participant's seizure(s)? _____

15. Is there any other information that NWSRA should know? _____

Parent/Guardian Signature: _____ Date: _____

Dates Updated: _____, _____