



REGISTRATION FORM

Join Our Mailing List!

E-mail address _____

SSSRA will not share your email address.

Is this your first time participating with SSSRA? ☐ Yes ☐ No

How did you hear about SSSRA? ☐ Family ☐ Publication _____ ☐ Community Expo ☐ Other _____

Participant's Name _____

Address _____ City _____ State _____ ZIP _____

Date of Birth ____/____/____ Gender _____

Phone - ☐ Home _____ ☐ Work _____ ☐ Cell _____

Place a checkmark beside the phone number you would like us to use first.

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Address _____ City _____ State _____ ZIP _____

Parent(s)/Guardian(s) Phone - ☐ Home _____ ☐ Work _____ ☐ Cell _____

Place a checkmark beside the phone number you would like us to use first.

Group Home/Residential Facility _____ Manager/Caseworker _____

Manager/Caseworker Phone - ☐ Office _____ ☐ After Hours _____

Emergency Contact _____ Relationship _____

Phone - ☐ Home _____ ☐ Work _____ ☐ Cell _____

Place a checkmark beside the phone number you would like us to use first.

Primary Disability _____ Secondary Disability/Medical Condition _____

Current Medications/Prescribed or Over-The Counter _____

Does participant take medications at programs or special events? If yes, additional forms are required for completion. ☐ Yes ☐ No

Allergies _____ Dietary Restrictions _____

Photo Permission: I do hereby grant permission for my/our participant's picture to be used in promotional materials related to SSSRA. Promotional materials include, but are not limited to SSSRA brochures and advertising, SSSRA website, Facebook, SSSRA email newsletter, member park district and recreation department brochures.

☐ Yes ☐ No (Unless indicated, photos of participants may be taken and used for publicity).

Registration forms will be accepted by walk-ins, mail, facsimile, or online. An individual is not considered registered until the SSSRA office has received payment in full, along with the completed and signed registration form and waiver. When sending a facsimile transmission to SSSRA, it is mutually understood that the fax document shall substitute for and have the same legal effect as the original form. Please call the SSSRA office to confirm that your fax was received.

Program Name	Code	Resident Fee	Non-Resident Fee
Guest Name:			
Program/Event:			
Guest Name:			
Program/Event:			
	Total		

An updated Annual Information Form and Medication Dispensing Form (if applicable) must be on file to complete registration.

Date	Waiv	BD	Inf	Code Fee	Tot	Pay	Sch	ML	Rec Trac	Initials
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FOR OFFICE USE ONLY				
Amount Applied	From	Form of Payment	Date	Amount Received
1. \$				
2. \$				
3. \$				
4. \$				
5. \$				
6. \$				
7. \$				
8. \$				

To be registered you must:

1. Pay previous balance in full.
2. Complete entire registration form.
3. Parent/Legal Guardian must sign form.
4. Full payment must accompany form.
5. Complete Charge Card information below.

☐ MasterCard ☐ VISA ☐ Discover

Account # / / /

Expiration Date:____/____ CVC Code:_____

Signature: _____

If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Registration form must be filled out completely and signed by parent or guardian. Return to the SSSRA office with full payment to be considered registered.

Please write in program choices and sign waiver.
All guests must sign a waiver.



19910 80th Avenue
Tinley Park, IL 60487
www.sssra.org

815-806-0384 (phone)
815-806-0390 (fax)
711 (Illinois Relay System)

SOUTH SUBURBAN SPECIAL RECREATION ASSOCIATION Participation Waiver

All participants who enroll in SSSRA's Programs must sign off on the following expectations, warning of risk, and supervision requirements to be eligible to participate.

Behavior Expectations

SSSRA requires all participants to comply with the following:

1. Show respect to all participants and staff. Must refrain from threatening or causing bodily harm to self or other participants or staff. Bullying of any form will not be tolerated.
2. Listen to and comply with staff directions.
3. Refrain from using foul language or other offensive behavior such as rude or inappropriate gestures or sexually explicit language.
4. Not be under the influence of alcohol or drugs which would impair the ability to safely participate in the program.
5. Remain fully clothed at all times.
6. Audio or video recording by participants of our programs is strictly prohibited.
7. Participants must show respect for equipment, supplies and facilities

If inappropriate behavior occurs, staff will provide a warning. If inappropriate behavior continues to occur, staff will discontinue participation immediately. Staff will follow up with the parent/caregiver at the conclusion of the program by phone to discuss future eligibility. A prompt resolution will be sought specific to each individual situation.

Note: SSSRA reserves the right to resort to immediate dismissal depending on the nature of the incident.

Warning of Risk

You should consult your physician or other health care professional before starting any of SSSRA's programs that involves athletic activities, strenuous exertion program, such as dance, exercise, or movement programs etc., to determine if it is right for your needs. If you experience faintness, dizziness, pain or shortness of breath at any time while participating you should stop immediately. If you choose to participate with SSSRA programs, you do so at your own risk and acknowledge that the activity/programs carry an inherent risk of physical injuries.

I understand that it is my responsibility to ensure there is adequate space for myself or my child/ward to follow the instructor's directions and movements safely and without the possibility of tripping or colliding with objects, furniture, walls, stairwells, or any other object that could pose a potential injury, and that each participant or parent/guardian is solely responsible for assessing if they can participate safely in the space they have chosen.

To the extent permitted by law, South Suburban Special Recreation Association and its affiliates disclaim any-and-all liability in connection with the activity/program presented and any instructions and advice provided.

Mandated Reporter Statement

All SSSRA Staff are mandated reporters and as such are legally required to report any of the following:

1. Abuse and neglect of a child, elder, or of an individual who is mentally or physically disabled.
2. Suicide threats.
3. Threats to the well-being of others.

Supervision Acknowledgment

Due to the limitations of virtual recreation programming staff will not be able to support disruptive or challenging behavior in the ways that they are traditionally able to. Additionally, our programming may not be fully inclusive of each individual's unique needs. For these reasons we ask that a parent/caregiver or family member can supervise and provide intervention as needed.

SOUTH SUBURBAN SPECIAL RECREATION ASSOCIATION Program Participation Waiver, Release of All Claims and Hold Harmless Agreement

Please read this form carefully and be aware that, in signing up and participating in South Suburban Special Recreation Association (SSSRA) programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms “I”, “me”, and “my” also refer to parents or guardians as well as participants in the program. In registering for these programs, you are agreeing as follows:

As a participant in these 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 with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury. I understand that it is my responsibility to ensure there is adequate space for myself or my child/ward to follow the instructor's directions and movements safely and without the possibility of tripping or colliding with objects, furniture, walls, stairwells, or any other object that could pose a potential injury, and that each participant or parent/guardian is solely responsible for assessing if they can participate safely in the space they have chosen. *“You should consult your physician or other health care professional before starting any of SSSRA programs that involves athletic activities, strenuous exertion program, such as dance, exercise, or movement programs etc., to determine if it is right for your needs. If you experience faintness, dizziness, pain or shortness of breath at any time while participating you should stop immediately. If you choose to participate with SSSRA programs, you do so at your own risk and acknowledge that the activity/programs carry an inherent risk of physical injuries. To the extent permitted by law, the SSSRA and its affiliates disclaim any-and-all liability in connection with the activity/program presented and any instructions and advice provided.”*

Documents that are privileged and confidential communications, including but not limited to, attorney/client privileged communications, reports prepared in anticipation of litigation, and communications between SSSRA and the Park District Risk Management Agency will not be provided.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the SSSRA, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as “released parties” in the remainder of this Agreement.)

I do hereby fully release and discharge the SSSRA and the 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 the SSSRA and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and 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 these 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 these programs, and transportation to and from any events.

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.

By signing this waiver, you acknowledge and agree to following the Code of Conduct. This includes Behavior Expectations, Warning of Risk, Mandated Reporter Statement, and Supervision Acknowledgement.

Printed Name of Participant

Date

Printed Name of Parent or Legal Guardian

Signature of Participant (If Own Guardian), Parent, or Legal Guardian

If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.