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## SSSRA Registration Form

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.

Parent(s)/Guardian(s) Email Address \_\_\_\_\_

Place a checkmark here if you would like to receive our email newsletter. SSSRA will not share your email address.

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).



# 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 (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.