



SRS Program Registration Form

FALL PROGRAMS 2008:



Please sign me up for: Price:

- Barnum & Bailey Circus \$ 20.00
- Feed the Hungry Dance \$ 15.00
- Hollywood Movie \$ 30.00
- Breakfast Buddies \$ 15.00
- Matinee Movie \$ 10.00
- Wolves Game \$ 30.00
- Apple Picking \$ 20.00
- Party Planners \$ 10.00
- Pumpkin Decorating \$ 15.00
- Super Slacker Sports \$ 10.00
- Flag Football Tournament \$ 10.00
- Friday Night Socialites \$ 90.00
- Fall BBQ \$ 15.00
- Movie Night \$ 10.00
- 80's Dance \$ 15.00
- Mardi Gras \$ 15.00
- Hayride & Football Game \$ 15.00
- Halloween HIP-HOP \$ 15.00
- Hoe Down \$ 15.00
- House Party \$ 15.00
- Pilgrim Rock \$ 15.00

- Flag Football \$ 20.00
- SO Volleyball \$ 50.00
- SO Basketball \$ 50.00
- Bowl 1 (KIDS) \$ 30.00
- Bowl 2 \$ 30.00
- Bowl 3 \$ 30.00
- Cooking Class \$ 30.00
- Supper Club \$ 30.00
- Social Club \$ 30.00
- Line Dancing \$ 30.00
- Water Fun \$ 30.00
- Swim Lessons \$ 25.00
- Basketball Skills \$ 20.00
- Walking Club \$ 20.00
- Haunted Hayride \$ 3.00
- Winter Day Camp \$125.00
- X-mas @ Georgios \$35.00

Registration for Holiday Programs will be sent out in October!

Total Due: _____

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 a part of this agreement.

Parent or Guardian Signature

Date

Participant Signature

Date

Special Recreation Services Registration

Special Recreation Services requests that the following registration form be updated annually or in any case of significant change in the participant's health. Please complete this form and return it with your program registration. You must have a current registration on file in order to participate in any SRS activities.

All information on this form will remain confidential.

Participant Information:

Name: _____ Birth Date: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Group Home: _____ Home Phone: _____ Alt. Phone: _____
Park District: _____ Agency Affiliation: _____

Medical Information:

Doctor Name: _____ Hospital: _____ Dr. Phone: _____

Diagnosis (check all that apply) Mental Retardation Autism Down's Syndrome
 Vision Impairment Learning Disability Behavior Disability Traumatic
Brain Injury Spinal Cord Injury Hearing Impaired Physical Disability Stroke
 Cerebral Palsy Seizure Disorder (Please indicate type and frequency below)

Other impairment (explain): _____

Allergies: _____

Medications (types and dosage): _____

Adapted Equipment: _____

Wheelchair user? Yes No (If yes) Electric or Manual

Can participant transfer: Yes No

Does participant have a behavior program? Yes No **If yes please attach a copy of it**

Dietary restrictions: _____

Self Care (ie. toileting, bathing, eating) Independent Some Assistance Dependent

Explain: _____

Is the participant clear of Atlanto-axial Dislocation Condition (ADC)? Yes No

Other issues and information that will help staff with program operations(i.e. likes dislikes, fears, triggers) _____

Family/ Guardian Information:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Home phone: _____

Alternative Contact Number: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

**SRS is in the process of updating our data base, PLEASE fill
this form out completely and accurately!**