

M-NASR 2025 Summer Day Camp Registration Form

Prefer to register online? Click here.

X Parent/Guardian signature: _____

Please complete, sign and d	late the form. Registration is complete upon	receipt of payment and ePACT emergency medical form.
Camper's name:		Race/ethnicity:
Gender:	Date of birth:	Township of residence:
City:	State:	_ Zip:
Parent/Guardian name:		Email address:
Primary phone number:		Alternate phone number:
Camper t-shirt size (please	circle one): YS YM YL YXL S M	L XL 2X 3X
Will you apply for financial a	assistance?	oriate forms must be on file at time of registration.
Will you need a payment pla	an? Yes No	
Will the participant be takin	g any medications during camp?	No If yes, you will be contacted to complete additional forms and for collection of the medication.
Make your camp an	d transportation selections and co	omplete your payment information on the other side
Waiver and Release		
could make program fees pro registering themselves or a formust recognize that there is such risks and insists that all participants and parents/gua choosing to participate in rec and/or adequately skilled for	ohibitive and could result in the reduction or amily member should review their own healt an inherent risk of injury when choosing to p participants follow safety rules and instruction and instruction of minors registering for this program reational activities/program. You are solely rethe activities contemplated by this agreeme	for injuries sustained in its programs or at its facilities. The cost of such elimination of certain programs and facilities. Therefore, each person the insurance policy for coverage. Participants and parents of participants participate in recreation activities. M-NASR continually strives to reduce ons that are designed to protect the participants' safety. However, infactivity must recognize that there is an inherent risk of injury when responsible for determining if you or your minor child/ward is physically fit it is always advisable, especially if the participant is pregnant, disabled insult a physician before undertaking any physical activity.
proper preparation, instructi recreational activity. All haza due to inclement weather, sli inadequate or defective equi regard, it is impossible for Mstarting this virtual or in-pers shortness of breath at any tirecreational programming, y your responsibility to ensure the possibility of tripping or oparent/guardian is solely res	on, medical advice, conditioning and equipmerds and dangers cannot be foreseen. Dependings and falls, poor skill level or conditioning, of pment, inadequate supervision, instruction of NASR to guarantee absolute safety. You show the confectional program to determine if it is me while participating you should stop imme ou do so at your own risk and acknowledge there is adequate space for your child/ward colliding with objects, furniture, walls, stairwelponsible for assessing if they can participate many and all liability in connection with the constant of the service of the connection with the content of the service of the connection with the content of the connection with the c	mental and emotional resources of each participant. Despite careful and ent, there is still a risk of serious injury when participating in any ding on the particular activity, certain risks, dangers and injuries may exist carelessness, horseplay, unsportsmanlike conduct, premises defects, or officiating and other risks inherent to the particular activity. In this uld consult your physician or other health care professional before right for your needs. If you experience faintness, dizziness, pain or diately. If you choose to participate with this virtual or in-person that the activity/program carries an inherent risk of physical injuries. It is to follow the instructor's directions and movements safely and without ells, or any other object that could pose a potential injury, and that each safely in the space they have chosen. To the extent permitted by law, Mactivity/program in this virtual or in-person programming and any
Please read this form careful legal liability and waiving and participating in any and all acoperations, when provided). voluntarily agree to assume to a result of said participation. as a result of participating in *** I understand that unless rights to privacy will be protes	I releasing all claims for injuries, damages or ctivities connected with and associated with the lactorial recognize and acknowledge that there are cathefull risk of any and all injuries, damages of further agree to waive and relinquish all clathis program/activity against M-NASR, includes specifically stated in writing at the time of resected in all photographs and publications of Netter and Pub	ipating in this program/activity, you will be expressly assuming the risk and loss which you or your minor child/ward might sustain as a result of this program/activity (including transportation services and vehicle certain risks of physical injury to participants in this program/activity, and I or loss, regardless of severity, that my minor child/ward or I may sustain as aims I or my minor child/ward may have (or accrue to me or my child/ward) ling its officials, agents, volunteers and employees. gistration, photographs of participants may be taken, I realize that our M-NASR activities. I have been made to understand that no personal y circumstances and this meets with my approval.
		ng of risk, assumption of risk and waiver and release of all claims. If tute for and have the same legal effect as an original form signature.

Please complete with the camp and transportation options of your choice. If you need more spaces, please attach another sheet.

			FOR OFFICE U	FOR OFFICE USE ONLY		
Camp or transportation	Code #	Fee	Scholarship Applied (% amount)	Adjusted Fee		
	TOTAL: \$		ADJUSTED TOTAL: \$			
			-			
Payment Method						
Check (Please make check payable to M-NASR)	Credit	card on file. Last fou	digits:			
Cash Authorized signature:						
Credit card (Discover, Visa, Mastercard): Credit car must be made in person at the M-NASR office or 847-966-5522. M-NASR does not accept Apple Pa	via phone at	sign above to author ve on file.	ize M-NASR to charge th	ne credit card		

You have four ways to return your form:

- 1. Mail your completed form and payment to 6820 W. Dempster, Morton Grove, IL 60053.
- 2. Fax your completed form to 847-966-8340. Please call M-NASR for confirmation of receipt.
- 3. Email your completed form to registration@mnasr.org.
- 4. Drop off your form in person at the M-NASR office.