



# M-NASR Program Registration Form

Please complete in full and sign and date the form. Registration is complete upon receipt of payment and ePACT emergency medical form.

Participant's name: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Township of residence: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Email address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

**Will you apply for financial assistance?**  Yes (Appropriate forms must be on file at time of registration.)  No

**What is your preferred pick-up/drop-off location?**  M-NASR  Feldman Park  Weber Center  N/A

**Will the participant be taking any medications during program time?**  Yes  No

If yes, you will be contacted to complete additional forms and for collection of the medication.

| Program (If you need more spaces, please attach another sheet.)                        | Code # | Fee | FOR OFFICE USE ONLY            |              |
|--|--------|-----|--------------------------------|--------------|
|  |        |     | Scholarship Applied (% amount) | Adjusted Fee |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
|  |        |     |                                |              |
| <b>Donation.</b> If you'd like to make a donation to M-NASR, indicate the amount here: |        |     |                                |              |
| <b>TOTAL: \$</b>   |        |     | <b>ADJUSTED TOTAL: \$</b>      |              |

**Payment Method**

Check (Please make check payable to M-NASR)

Cash

Credit card (Discover, Visa, Mastercard): Credit card payments must be made in person at the M-NASR office or via phone at 847-966-5522. M-NASR does not accept Apple Pay or Amex.

Credit card on file. Last four digits: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Please sign above to authorize M-NASR to charge the credit card you have on file.

**Please read the the Waiver and Release on the next page before providing your signature and date below.**

I have read and fully understand the important information on the next page, warning of risk, assumption of risk and waiver and release of all claims. If submitting registration electronically, my electronic signature shall substitute for and have the same legal effect as an original form signature.

Signature (if own guardian), Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver and Release

### IMPORTANT INFORMATION

Please recognize that M-NASR does not carry medical accident insurance for injuries sustained in its programs or at its facilities. The cost of such could make program fees prohibitive and could result in the reduction or elimination of certain programs and facilities. Therefore, each person registering themselves or a family member should review their own health insurance policy for coverage. Participants and parents of participants must recognize that there is an inherent risk of injury when choosing to participate in recreation activities. M-NASR continually strives to reduce such 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 minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/program. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### WARNING OF RISK

Recreational 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 activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating and other risks inherent to the particular activity. In this regard, it is impossible for M-NASR to guarantee absolute safety. You should consult your physician or other health care professional before starting this virtual or in-person recreational program 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 this virtual or in-person recreational programming, you do so at your own risk and acknowledge that the activity/program carries an inherent risk of physical injuries. It is your responsibility to ensure there is adequate space for your 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 parent/guardian is solely responsible for assessing if they can participate safely in the space they have chosen. To the extent permitted by law, M-NASR and its affiliates disclaim any and all liability in connection with the activity/program in this virtual or in-person programming and any instructions and advice provided.

### 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 this program/activity, 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 minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against M-NASR, including its officials, agents, volunteers and employees.

\*\*\* I understand that unless specifically stated in writing at the time of registration, photographs of participants may be taken, I realize that our rights to privacy will be protected in all photographs and publications of M-NASR activities. I have been made to understand that no personal information other than names and hometowns will be released under any circumstances and this meets with my approval.

**Please sign and date the previous page of this registration form to acknowledge that you have read this information. Registration cannot be processed without a signature and date.**

#### **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](mailto:registration@mnasr.org).
4. Drop off your form in person at the M-NASR office.



**Maine-Niles Association of Special Recreation**  
6820 W. Dempster Street | Morton Grove, Illinois 60053  
847-966-5522 | [mnasr.org](http://mnasr.org)