

## M-NASR 2024 Summer Day Camp Registration Form

## Prefer to register online? Click <u>here</u>.

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Please complete, sign and date the for	m. Registration is complete	upon receipt of payment and ePACT emergency medical form.
Camper's name:		Race/ethnicity:
Gender: Date of	of birth:	Township of residence:
Street address:		
City:	State:	Zip:
		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 assistance?	Yes No If yes, a	appropriate forms must be on file at time of registration.
Will you need a payment plan?	s No	
Will the participant be taking any medi	cations during camp?	Yes No If yes, you will be contacted to complete additional forms and for collection of the medication.
Make your camp and transp	ortation selections a	nd complete your payment information on the other side
Waiver and Release		
could make program fees prohibitive an registering themselves or a family mem must recognize that there is an inherent such risks and insists that all participant participants and parents/guardians of m choosing to participate in recreational a and/or adequately skilled for the activiti	nd could result in the reduct ber should review their owr t risk of injury when choosir ts follow safety rules and ins ninors registering for this pr activities/program. You are s ies contemplated by this agr	urance for injuries sustained in its programs or at its facilities. The cost of such tion or elimination of certain programs and facilities. Therefore, each person n health insurance policy for coverage. Participants and parents of participants ng to participate in recreation activities. M-NASR continually strives to reduce structions that are designed to protect the participants' safety. However, rogram/activity must recognize that there is an inherent risk of injury when solely responsible for determining if you or your minor child/ward is physically fireement. It is always advisable, especially if the participant is pregnant, disabled, to consult a physician before undertaking any physical activity.
proper preparation, instruction, medica recreational activity. All hazards and dar due to inclement weather, slips and falls inadequate or defective equipment, inar regard, it is impossible for M-NASR to gustarting this virtual or in-person recreatishortness of breath at any time while parecreational programming, you do so at your responsibility to ensure there is ad the possibility of tripping or colliding with parent/guardian is solely responsible fo	all advice, conditioning and engers cannot be foreseen. Its, poor skill level or condition dequate supervision, instruurantee absolute safety. Yo ional program to determine articipating you should stop to your own risk and acknowlequate space for your child thobjects, furniture, walls, ser assessing if they can participating if they can participating in the can partici	nysical, mental and emotional resources of each participant. Despite careful and equipment, there is still a risk of serious injury when participating in any Depending on the particular activity, certain risks, dangers and injuries may exist oning, carelessness, horseplay, unsportsmanlike conduct, premises defects, action or officiating and other risks inherent to the particular activity. In this ou should consult your physician or other health care professional before the if it is right for your needs. If you experience faintness, dizziness, pain or dimmediately. If you choose to participate with this virtual or in-person eledge that the activity/program carries an inherent risk of physical injuries. It is diward to follow the instructor's directions and movements safely and without stairwells, or any other object that could pose a potential injury, and that each icipate safely in the space they have chosen. To the extent permitted by law, Mth the activity/program in this virtual or in-person programming and any
legal liability and waiving and releasing a participating in any and all activities con operations, when provided). I recognize voluntarily agree to assume the full risk a result of said participation. I further ag as a result of participating in this progra *** I understand that unless specifically rights to privacy will be protected in all p	ware that in signing up and all claims for injuries, dama; nected with and associated and acknowledge that ther of any and all injuries, dam gree to waive and relinquish am/activity against M-NASR, stated in writing at the timphotographs and publicatio	I participating in this program/activity, you will be expressly assuming the risk and ages or loss which you or your minor child/ward might sustain as a result of divided with this program/activity (including transportation services and vehicle reare certain risks of physical injury to participants in this program/activity, and mages or loss, regardless of severity, that my minor child/ward or I may sustain a hall claims I or my minor child/ward may have (or accrue to me or my child/ward, including its officials, agents, volunteers and employees. The ending its officials, agents, volunteers and employees. The ending that our ons of M-NASR activities. I have been made to understand that no personal ider any circumstances and this meets with my approval.
I have read and fully understand the impossibiliting registration electronically, m	portant information above, y electronic signature shall	warning of risk, assumption of risk and waiver and release of all claims. If substitute for and have the same legal effect as an original form signature.

16 Register at <u>mnasr.org</u>

X Parent/Guardian signature:

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

			FOR OFFICE USE ONLY			
Camp or transportation	Code #	Fee	Scholarship Applied (% amount)	Adjusted Fee		
	TOTAL: \$		ADJUSTED TOTAL: \$			
		L				
Payment Method						
Check (Please make check payable to M-NASR)	Credit	card on file. Last four	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.