

Spring 2010 Registration Form

Please return completed form to: SRACLCLC, 290 Oakwood Road, Vernon Hills, IL 60061 or fax 847-816-4876.

Registration Deadline: Monday, March 29, 2010 at 1:00 p.m.

Participant's Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____ E-mail _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cellular _____

School _____ Teacher _____

Emergency Name/Relationship and Phone Number(s) _____

Primary Disability _____ Secondary Disability _____

Has your address changed since the last registration? Yes _____ No _____

Youth	Adult
T-Shirt Size	S M L XL XXL

Payment in full is due upon registration unless a current Financial Aid form is on file. Without payment, registration will not be processed. If you are requesting Financial Aid, the request must be made in writing each season.

Program #	Program Name	Drop Off	Pick Up	Fee
Program Total				

REQUESTS FOR REFUNDS WILL NOT BE CONSIDERED AFTER THE REGISTRATION DEADLINE EXCEPT FOR MEDICAL OR FAMILY EMERGENCIES.

PAYMENT FOR PROGRAMS MUST BE RECEIVED IN FULL PRIOR TO THE START OF EACH SEASON. YOU MAY HAVE A CREDIT ON YOUR ACCOUNT! CALL THE SRACLCLC OFFICE BEFORE PAYING. THE WAIVER ON THE BACK OF THIS FORM MUST BE SIGNED IN ORDER TO PROCESS REGISTRATION.

PHOTOGRAPHS: Unless we are notified, SRACLCLC may take pictures of participants in our programs, classes or events. Please be aware that these pictures are only for SRACLCLC use in future brochures, pamphlets or flyers.

SPONSORSHIP: May SRACLCLC contact your employer(s) for Sponsorship (i.e.: Golf Outing) or for fund-raising purposes?
 ___ Yes ___ No
 If yes, please indicate company name, contact person and phone number. _____

Please make check or money order payable to SRACLCLC.	
Charge to: ___ VISA ___ MASTERCARD ___ DISCOVER	
Account Number _____	
Cardholder Name _____	
Expiration Date _____	Charge Amount _____
Authorized Signature _____	
Auth# _____	

PLEASE SIGN WAIVER ON BACK OF THIS FORM!

SRACLC Waiver & Release - Spring 2010

IMPORTANT INFORMATION

The Special Recreation Association of Central Lake County is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Special Recreation Association of Central Lake County 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/programs.

You are solely responsible for determining if you or your minor child/ward are 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 the Special Recreation Association of Central Lake County to guarantee absolute safety.

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 the Special Recreation Association of Central Lake County including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name _____
(Please Print)

Authorized Signature _____
(Participants 18 years or older or Parent/Guardian)

Date _____

TRANSPORTATION: I DO ___ DO NOT ___

grant permission for transportation in vehicles owned or rented by SRACLC for use in SRACLC programming.

**PARTICIPATION WILL BE DENIED -
If the authorized signature, transportation and date are not fully completed.**