

SRACLC REGISTRATION

Online Registration at sraclc.org

Participant's Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____ E-mail _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cellular _____

Property Index Number _____ School _____ Teacher _____

Emergency Name/Relationship and Phone Number(s) _____

Primary Disability _____ Secondary Disability _____

Has any of your information changed? Yes _____ No _____

Please Circle: 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
*Donation to SRACLC Financial Aid Fund				
			Total	

Requests for refunds will not be considered after the registration deadline except for medical or family emergencies.
Any past balance must be paid or this registration will not be accepted.

***DONATIONS:** For every \$10.00 donation made to SRACLC you will receive a seasonal raffle entry for a \$50.00 Gift Certificate to SRACLC Programs. The drawing will take place on the registration deadline date.

CREDIT CARD PAYMENTS: You may charge my credit card on file for any balance due this season: _____ Yes _____ No
(If no a check must accompany registration.)

PERMISSION: You may share personal contact information with other SRACLC families interested in carpooling: _____ Yes _____ No

PHOTOGRAPHS: Unless we are notified, SRACLC may take pictures of participants in our programs, classes or events. Please note that these pictures are only for SRACLC use. See Page 7.

Please make check or money order payable to SRACLC.

Charge to: _____ VISA _____ MASTERCARD _____ DISCOVER

Account Number _____

Cardholder Name _____

Expiration Date _____ Charge Amount _____

Authorized Signature _____

Auth# _____

PLEASE SIGN WAIVER ON THE BACK OF THIS FORM!

PLEASE RETURN COMPLETED FORM TO: SRACLC, 271 N. Archer Ave.,
Mundelein, IL 60060, FAX 847-816-4876, OR EMAIL INFO@SRACLC.ORG.

SRACLC WAIVER & RELEASE

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, rented, or contracted by SRACLC for use in SRACLC programming.

PARTICIPATION WILL BE DENIED - IF THE AUTHORIZED SIGNATURE, TRANSPORTATION, AND DATE ARE NOT FULLY COMPLETED.