

Winter/Spring  
2010


# Registration Form

2121 West Indian Trail Aurora, IL 60506 Phone 630.907.1114 Fax 630.907.1116  
web site: www.fvsra.org

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
(for statistical purposes only)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_\_ Park District: \_\_\_\_\_ T-shirt Size: Adult  Child  - Sm  Med  Lg   
Father/Guardian Name(s) #1 \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_  
Mother/Guardian Name(s) #2 \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Is this a new address?  Yes  No  
Are you a new participant?  Yes  No  
Will participant be responsible for self-medication during any programs?  Yes  No  
Will Staff need to administer medication during any programs?  Yes  No  
Are you requesting a scholarship?  Yes  No  
May we contact you via e-mail about FVSRA programs and news?  Yes  No

Help us GO GREEN!  
Get your Program Fliers at  
www.fvsra.org  
If no internet access, check here



PLEASE PRINT EMAIL CLEARLY

**TRANSPORTATION CHOICES MUST BE INDICATED ON THIS FORM. USE THE PROGRAM DESCRIPTION AND TRANSPORTATION DETAILS ON PAGE 51 TO DETERMINE WHAT YOUR OPTIONS ARE.**

Code #	Program Name	Pick-Up/ Drop-Off Site	Door to Door	Fee	For office use only				
					D/C/N	Date	Check #	Amount	Balance

IF PAYING BY CREDIT CARD:  Visa  MasterCard Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

(required for credit card payment)

**NOTE:** When registering by FAX, it is mutually understood that the facsimile registration document (including the waiver & release of all claims) shall substitute for and have the same legal effect as the original form.

Registration deadline for Member Agency residents is Friday, January 8, 2010.  
Non-resident registrations will be processed after Friday, January 8, 2010. See page 47.

**Participation will be denied if the signature of adult participant or parent/guardian and date are not on Waiver and Release of All Claims on the following page.**

**PLEASE TURN OVER** 

# Registration Waiver

## IMPORTANT INFORMATION

The Fox Valley Special Recreation Association (FVSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The FVSRA 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.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

For questions regarding refunds, please review the FVSRA Refund Policy, located in the brochure as well as on the FVSRA website.

## WARNING OF RISK

Recreational activities/programs 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/program. Understandably, not all hazards and dangers can be foreseen. Depending on the activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. Participants must understand that certain risks, dangers, and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, in supervision, premises defects, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the FVSRA 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 it and participating in the FVSRA Winter/Spring 2010 activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or losses 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/vehicle operation, 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 that 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 FVSRA, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "FVSRA").

I do hereby fully release and forever discharge the FVSRA from any and all claims for injuries, damages, or losses that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above Important Information, Warning of Risk, Waiver, and Release of All Claims and Assumption of Risk. If registering a minor participant, I further attest that I have read the above to my minor child/ward. If registering by fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

## SIGNATURE(S) BELOW MUST BE COMPLETED TO PROCESS THIS REGISTRATION

**REQUIRED**

Sign & Date  
Waiver Here



Participant's Name: \_\_\_\_\_  
(Print)

Participant's Signature: X \_\_\_\_\_

**(18 years or older or Parent/Guardian)**

Date: \_\_\_\_\_

**Participation will be denied if the signature of the adult participant or parent/guardian is not on this waiver.**

**OPTIONAL**

Complete this  
Section for  
Photo  
Permission



### PERMISSION TO PHOTOGRAPH AND GATHER ADDITIONAL INFORMATION

Unless otherwise indicated in writing at the time of registration, photographs of participant may be taken and used for Association publicity. I grant permission to FVSRA to release information from my registration form and gather additional information from professionals that would possibly enhance the participant's recreational involvement. All information will be kept confidential.

Participant's Signature : X \_\_\_\_\_

(18 years or older or Parent/Guardian)