

Registration Form

Fox Valley Special Recreation Association

2121 W. Indian Trail, Aurora, IL 60506
 P: (630) 907-1114 • F: (630) 907-1116 • W: FVSRA.org

ONLINE REGISTRATION IS AVAILABLE! Visit fvsra.org/registration to complete these registration forms.

Participant Name: _____ Age: _____ DOB: _____ Gender: _____ Ethnicity: _____

Are there any updates to the participant's contact information? Yes No *(If yes, please provide updated info below.)*

New participants must fill out the contact information completely.

Home Address: _____ City: _____ Zip: _____ Park District: _____

Phone Number: _____ Email Address: _____

Guardian 1 Name: _____ Cell Number: _____ Work Number: _____

Guardian 2 Name: _____ Cell Number: _____ Work Number: _____

Is participant requesting a scholarship? Yes No *(Scholarship form must be filled out annually.)*

I would like to donate to the FVSR Foundation. Please accept my donation of \$ _____ *(Include donation in registration table below)*

REGISTER CAREFULLY! In the event a participant chooses to alter a program registration after it has been received, there may be a \$5 charge.

TRANSPORTATION CHOICES MUST BE INDICATED ON THIS FORM. USE PROGRAM DESCRIPTIONS AND TRANSPORTATION DETAILS (LISTED ON THE PICK-UP/DROP-OFF SITES AND FACILITY DIRECTORY PAGE) TO ASSESS ALL AVAILABLE OPTIONS.

Program Code	Program Name	Pick Up/ Drop Off Site	Door to Door	Fee
FVSRF	Foundation Donation			
Total				

IF PAYING BY CREDIT CARD:

Visa MasterCard

Discover American Express

Card Number: _____

Expiration: _____ CVV: _____

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.

FOR OFFICE USE

Date: _____

Check #: _____

Amount \$: _____

Balance \$: _____

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.

Registration Waiver

Fox Valley Special Recreation Association

2121 W. Indian Trail, Aurora, IL 60506

P: (630) 907-1114 • F: (630) 907-1116 • W: FVSRA.org

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.

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. 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, instructive or officiating, and other risks inherent to the particular activity. IN this regard, it is impossible for 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 FVSRA 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 as "FVSRA").

I understand the FVSRA may photograph/videotape the events or activity in which I am (or my child/ward is) participating. I give my permission for the FVSRA to use photographs or videotape of me (or my child/ward) for the purpose of promoting the FVSRA and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child/ward) at this time or in the future for the use of my (or my child/ward's) likeness.

In the event of an emergency, I understand and authorize FVSRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Important Information, Warning of Risk, Waiver, Assumption of Risk, and Release of All Claim. 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.

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.

REQUIRED
Sign & Date

Participant's Name (Print): _____ Date: _____

Participant's Signature: _____

18 years or older or Parent/Guardian

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

COVID-19 Waiver & In-Person Eligibility

Fox Valley Special Recreation Association

2121 W. Indian Trail, Aurora, IL 60506

P: (630) 907-1114 • F: (630) 907-1116 • W: FVSRA.org

Guardian Consent for Participation, Waiver & Release

Please read this form carefully and be aware that participation in the athletics/activities program(s) for which this individual is being registered entails, like participation in all recreational activities, certain risks which cannot be entirely eliminated despite due care exercised by Fox Valley Special Recreation Association staff in conjunction with such program(s).

I hereby give my consent for this individual to participate in the athletic/activities program(s). I understand that appropriate precautions are taken to protect program participants. However, I also recognize and acknowledge that there is a degree of risk that this individual may sustain personal injury, illness or damage to property in the course of partaking in such activities, and that Fox Valley Special Recreation Association cannot guarantee risk-free recreational experiences to program participants. I further acknowledge that my child could be exposed to someone who may be incubating communicable illnesses or other diseases, including but not limited to COVID-19 (Coronavirus), and who may be capable of spreading disease to others during participation. I nonetheless desire to procure the benefits of recreation for this individual, and accordingly consent to their participation in the athletic/ activity program and agree to assume any and all risks and dangers associated with their participation.

I agree to emergency treatment of the individual by a physician or hospital in the event I cannot be reached, and I understand that Fox Valley Special Recreation Association does not cover or insure participants for any types of medical costs.

I hereby fully release and discharge Fox Valley Special Recreation Association and its officers, agents, servants and employees from any and all claims for injury, illness, disease, damage, loss or death which I may have or which may accrue on account of the individual's participation in the program(s). I further agree to indemnify and hold harmless Fox Valley Special Recreation Association and its officers, agents, servants and employees from any and all claims and expenses, including attorney's fees, resulting from injury, illness, disease, damage, loss or death sustained and arising in any way out of the individual's participation in said programs.

Eligibility Requirements

The safety of participants and staff is our number one responsibility. All in-person programs have enhanced essential eligibility requirements in order to comply with state and federal COVID-19 regulations. Please complete the questions attached to help determine eligibility or identify any accommodations to be discussed. If a participant is unable to meet the following expectations, they may be unable to participate at this time in accordance with current federal, state, and local mandates and guidelines. Please contact JackieS@fvsra.org to discuss any program accommodations

- Yes No Can the participant independently attend to personal self-care such as bathroom needs, hand washing, eating, dressing, and personal hygiene?
- Yes No Is participant able to maintain physical distance of 6 feet or greater from other participants, staff, and community members with minimal verbal reminders?
- Yes No Is participant able to independently put on, wear, and take off a face covering, when necessary and for the duration of the program?
- Yes No Can the participant participate in the activity without the need for physical assistance (i.e. hand over hand, lifting/ transferring)?
- Yes No Is participant able to follow FVSRA's Code of Conduct and participate without emotional outbursts that require direct or close proximity (6ft or less) by staff, or which expose others to respiratory droplets (i.e. yelling, spitting, or biting)?
- Yes No Is participant able to independently (or with the assistance of a guardian or caregiver) conduct a personal health screening prior to each program? Must be able to honestly answer "no" to all questions provided by FVSRA?

REQUIRED
Sign & Date

Participant's Name (Print): _____ Date: _____

Participant's Signature: _____

18 years or older or Parent/Guardian

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