

FALL 2020 REGISTRATION FORM

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

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

Participant Name: _____ Age: _____ Date of Birth: ____/____/____ Sex: _____ Ethnicity: _____

(for statistical purposes only)

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

NEW PARTICIPANTS MUST FILL THE CONTACT INFORMATION OUT COMPLETELY

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ Park District: _____ T-shirt: Adult ☐ Child ☐ Size: _____

Father/Guardian Name(s) #1 _____ Cell # (____) _____ Email: _____

Mother/Guardian Name(s) #2 _____ Cell # (____) _____ Email: _____

Statements of account will be emailed to the email address listed. Contact the FVSRA office for additional copies.

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 \$ _____ (complete field in the registration table and include donation in payment)

REGISTER CAREFULLY!

In the event a participant chooses to alter a program registration after it has been received at FVSRA, 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.

		<i>Transportation</i>		
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**

Credit Card Number

Expiration Date

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 ONLY

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.

PLEASE TURN OVER



ONLINE REGISTRATION AVAILABLE!

FVSRA.org | **f**

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.

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 the programs in which you register, 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.

If extenuating circumstances prohibit the use of my (or my child/ward's) likeness, please circle the following: **NO PHOTO.**

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, and 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: _____

OPTIONAL

PERMISSION TO GATHER ADDITIONAL INFORMATION

I give permission to release information from this registration form and gather additional information from professionals (i.e. physicians, educators, social workers, etc.) 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)