

SPRING 2012 REGISTRATION

MAIL OR DROP OFF TO: NSSRA, 3105 MACARTHUR BLVD, NORTHBROOK, IL 60062 (BE SURE TO INCLUDE CHECK OR CREDIT CARD INFORMATION).
 FAX TO: (847) 509-1177 NSSRA OFFICE: (847) 509-9400

PARTICIPANT'S NAME: _____ AGE: _____ MALE: _____ FEMALE: _____ BIRTH DATE: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 HOME PHONE: () _____ ARE YOU A NEW PARTICIPANT? YES _____ NO: _____
 FIRST EMERGENCY CONTACT: _____ PHONE: () _____
 RELATIONSHIP TO PARTICIPANT: _____
 SECOND EMERGENCY CONTACT: _____ PHONE: () _____
 RELATIONSHIP TO PARTICIPANT: _____
 PARTICIPANT'S SCHOOL/WORK: _____ TEACHER/CONTACT NAME: _____ PHONE: () _____
 DISABILITY: _____ PARTICIPANT REQUIRES MEDICATION DURING PROGRAM

IN ADDITION TO PROGRAM SITES, WE HAVE NSSRA PICK UP AND DROP OFF SITES FOR PARTICIPANTS. PLEASE LIST YOUR PICK UP AND DROP OFF CODES BELOW (SEE PAGE 55). WHEN SIGNING UP FOR OPTIONAL TRANSPORTATION, ENTER AND TOTAL BOTH THE PROGRAM AND THE TRANSPORTATION FEES LISTED ON THE PROGRAM WRITE-UP. SECTIONS BELOW MUST BE COMPLETED TO PROCESS YOUR REGISTRATION.

PROGRAM INFORMATION			TRANSPORTATION INFORMATION				SUBTOTAL PROGRAM & TRANSPORT FEES
PROGRAM NAME	CODE	FEE	CODE	FEE	PICK UP SITE/SCHOOL	DROP OFF SITE	

Yes, I would like to make a donation \$ ****see reverse****

THIS SECTION MUST BE FILLED IN IF YOU ARE USING MASTERCARD, DISCOVER OR VISA
 PLEASE CHECK ONE: MASTERCARD VISA DISCOVER
 EXPIRATION DATE: _____ ZIP CODE: (NEED ZIP CODE # TO MATCH) _____
 AMOUNT OF CHARGE: _____ V-CODE #: _____
 CARDHOLDER NAME: _____
 ACCOUNT NUMBER: _____
 AUTHORIZED SIGNATURE: _____

Subtotal Fee Column:	
Subtotal from Reverse Side:	
Financial Aid Deposit:	
Coupons/Credits:	
TOTAL DUE:	

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in an NSSRA program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of said program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program (including transportation services and vehicle operation, when provided). I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against NSSRA and its officers, agents, servants, and employees. I do hereby fully release and discharge NSSRA and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which I or my minor child/ward may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend NSSRA and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize NSSRA officials to secure from any licensed hospital, physician and or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

If registering via fax, your facsimile signature shall substitute for and have the same legal effects as an original form signature.

EACH REGISTRATION FORM MUST BE SIGNED

PARTICIPANT/PARENT/GUARDIAN: _____ DATE: _____
 PLEASE PRINT NAME: _____

