



YOU ARE INVITED TO NSSRA'S

Spring Formal



Friday, May 3, 2019

\$51 per participant • Register by Friday, April 5
Park Center • Lakeview Room (2400 Chestnut Ave, Glenview)
7:00 - 9:00 pm • Ages 16 and up

Light refreshments will be served. Please dress appropriately for this formal affair. Dresses and ties are encouraged!

For more information or with questions,
contact Recreation Specialist Abby Whalen at (847) 509-9400 x6812
or awhalen@nssra.org.



nssra
Northern Suburban Special
Recreation Association

Spring Formal

Registration Deadline: Friday, April 5

Mail or Drop Off: NSSRA | 3105 MacArthur Blvd., Northbrook, IL 60062

Fax: (847) 509-1177 • **Email:** registration@nssra.org

Online: register.nssra.org

For more information or with questions, contact Abby Whalen at
(847) 509-9400 x6812 or awhalen@nssra.org.

PARTICIPANT INFORMATION

Participant's Name: _____ Age: _____ Grade: _____ New Participant? ☐ Yes ☐ No

If you answered yes or if any information has changed since last season, please complete the fields below:

Address: _____ City: _____ Zip: _____

Primary Contact Name/Phone: _____ Email: _____

Primary Emergency Contact Name/Phone: _____

Participant's School/Work: _____ Teacher/Contact Name: _____

School/Work Phone: _____ School Dismissal Time: _____

Diagnosis: _____ ☐ Participant Requires Medication During Program

☐ I do ☐ I do not grant photo permission for this participant's picture to be used in NSSRA publicity or brochures.

REGISTRATION INFORMATION

-----Registration is also available online at register.nssra.org-----

Program	Code	Fee
<input type="checkbox"/> Spring Formal Friday, May 3, 2019 • 7:00 - 9:00 pm	290700-61	\$51

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.

➔ EACH REGISTRATION FORM MUST BE SIGNED*

Participant/Parent/Guardian: _____ Date: _____ Please Print Name: _____

**If registering by fax or electronically your facsimile or electronic signature shall substitute for and have the same legal effect as an original form signature.*

PAYMENT INFORMATION: This Section Must Be Completed

☐ If paying by check, please fill in your check number here: _____

☐ If you are using Mastercard, Visa, Discover or American Express, please complete the following section:

Please check one: ☐ Mastercard ☐ Visa ☐ Discover ☐ AMEX

Cardholder Name: _____ Card Number: _____

CVV #: _____ Exp. Date: _____ Billing Zip Code: _____ Amount of Charge: \$ _____

Authorized Signature: _____

OFFICE USE ONLY:

Registration Complete

Date: _____

Time: _____

Receipt #: _____