



Annual Information Form

To register for any NEDSRA programs, an Annual Information Form must be annually updated and filed with NEDSRA. Once an updated form is on file, you may fax or phone in your program registration.

Return this form to NEDSRA, 1770 W. Centennial Place, Addison, IL 60101. Attention: Registrar.

Participant Information (please print)

First, Middle & Last name _____ Nickname _____

Address _____ City _____ State _____ ZIP _____

Phone _____ E-mail _____

Date of Birth ___/___/___ Gender _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Race* _____ Primary Language Used at Home _____ T-shirt size _____ Shoe Size _____

*For identification purposes only.

Primary Disability _____ Secondary Disability _____

Current Medications/Dose/Frequency _____

Allergies _____ Dietary Restrictions _____

Is participant subject to seizures? _____ Type & frequency _____ Date of last seizure ___/___/___

What action do you take in the event of a seizure? _____

If participant has Down Syndrome, has he/she been tested for Atlanto-Axial Instability? Yes No

If yes, were results positive? _____ If so, please attach a copy of medical exam.

School/Place of employment _____ Teacher/Supervisor _____

Group Home/Residential Facility _____ Manager/Caseworker _____

Emergency Information (Parent or Guardian)

First, Middle & Last name _____ Relationship _____

Street, City and Zip Code _____

Phone # Home _____ Work _____ Cell _____ E-mail _____

Place a checkmark beside the phone number you would like us to use first.

Secondary Emergency Contact _____ Relationship _____

Phone # Home _____ Work _____ Cell _____

Place a checkmark beside the phone number you would like us to use first.

Doctor's Name _____ Doctor's Phone _____ Hospital Affiliation _____

Daily Living Skills

Eating Eats independently Needs to be monitored Needs assistance Explain _____

Bathroom Toilets independently Needs to be monitored Needs assistance Explain _____

Dressing Dresses independently Needs some assistance Cannot dress independently

Mobility Walks independently Uses manual wheelchair Uses motorized wheelchair Uses other assistive device for mobility

Explain _____

Communication Verbal/speaks clearly Verbal/speech is difficult to understand Has difficulty expressing needs Gestures/points

Uses sign language Uses hearing devices/hearing aides Uses a communication board/schedule/pictures

Explain _____

Swimming Swims independently Can swim a little Cannot swim at all Extreme fear of water

Interaction/Socialization Skills

Social Interaction Initiates social interaction on own Socializes with verbal prompting Avoids social interactions

Explain _____

Prefers Being Alone with Peers with Adults Explain _____

Is Most Successful in Large groups Small groups Other Explain _____

Responds Better to Males Females Either Explain _____

Please list any sensory issues your child/the participant may have: _____

Behaviors/Conduct

Following Directions Can follow directions independently Needs verbal prompting

Needs step-by-step assistance; Explain _____

Please check all that apply Short attention span Easily distracted Hyperactivity Tendency to run or wander off

Oppositional/defiant Manipulative Verbal outbursts Instigates behavior Self-abusive behaviors

Tantrums/meltdowns Physical aggression to others Steals

List other inappropriate behaviors here: _____

If you checked yes to any behaviors above, please provide a detailed explanation: _____

What are the known triggers to the behaviors above? _____

Does the participant respond to specific behavior management techniques used at home, school or work? Yes No Explain _____

Does the participant have any unusual fears or concerns? Yes No

Explain _____

Personal Interests/Goals

Favorite quiet activities _____ Favorite active games _____

Least favorite activities _____

Favorite food _____ Favorite color _____ Hobbies _____

Reasons for participating (please check all that apply)

Physical activity Socialization/friendships Group interaction Skill development Motor development

Creativity/Self-expression Self-esteem/Confidence Responsibility Entertainment FUN!

Please identify any specific goals parents/guardians would like to see worked on: _____

Mandatory Waiver & Release. Northeast DuPage Special Recreation Association is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. NEDSRA 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 programs must recognize that there is 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 any illness, injury or impairment, to consult a physician before undertaking any physical activity. NEDSRA carries no accident coverage on participants and the cost of medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or their parent or guardian.

Warning of Risk. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activities. Not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, and failure in supervision, premises defects and all other circumstances inherent to recreational activities exist. In this regard, it must be recognized that it is impossible for NEDSRA to guarantee absolute safety.

Photos/Video Authorization and Consent. I hereby authorize and give my consent to NEDSRA to photograph/video me or my child/ward, and without limitation to use such photographs/video to promote/ advertise the services, programs, and facilities of NEDSRA without consideration of any kind.

Waiver and Release of all Claims and Assumption of Risk. Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss 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 (including transportation services, when provided). When registering by fax, it is understood that the facsimile registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form. I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the 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 against NEDSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as "NEDSRA"). I do hereby fully release and forever discharge NEDSRA from any and all claims for injuries, damages, or loss 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 associate with this program.

Personal Information Authorization Consent. I further authorize NEDSRA to release personal contact information to other parents/ participants when deemed appropriate including names, addresses and phone numbers. I have read and fully understand the above important information, warning and assumption of risk, waiver and release of all claims and photo/video and personal information authorization and consent.

Participant Signature (If under 18, parent or guardian signature above) _____

Date _____

Print name, if signed by parent or guardian: _____