



REGISTRATION FORM: WINTER-SPRING 2022

Participant's Name _____ Age _____ Birth Date _____

! Please print your program selection(s) in the table below. Attach additional sheets if necessary.

PROGRAM NAME	PROGRAM NUMBER	TIME SELECTION (If Applicable)	TRANSPORTATION (IF APPLICABLE)	FEE
<i>Example: Power Soccer</i>	<i>6-050-01-01</i>			<i>\$41</i>
Would you like to include a donation to SEASPAR? If so, please indicate the amount to the right. Thank you!				
TOTAL FEES				

! Full payment must be received with the registration unless other arrangements have been made.

Payment may be made by check, money order, cash, or credit card.

Payment Type: Check Cash Money Order Credit Card
 Credit Card: MasterCard Visa Discover American Express

Cardholder Name _____
 Account Number _____ Exp. Date _____ CVC _____
 Authorized Signature _____ Today's Date _____

Please complete both sides of this registration form. Submit form and payment to SEASPAR, 4500 Belmont Road, Downers Grove, IL 60515.

! The registration deadline is Monday, January 3 at 4:30pm.

OFFICE USE ONLY			
Date Rec'd		Cash Amt	
Rec'd By		Check Amt	
AIF Given		AIF Rec'd	



REGISTRATION FORM: WINTER-SPRING 2022

Participant's Name _____ Birth Date _____

Address _____ City _____ Zip _____

Has any of your information changed since you completed your 2022 AIF? Yes No
If yes, please call us at 630.960.7600.

Do you have an updated emergency contact? Yes No
If yes, please call us at 630.960.7600.

WAIVER AND RELEASE

SEASPAR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SEASPAR 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 activities 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 adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities 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. 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, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for SEASPAR to guarantee absolute safety.

In virtual program activities, you need to have adequate space to follow the activity instructions and to move safely without exposure to any obstacles, obstructions, steps or anything that could cause possible trips or falls. As a participant, you are solely responsible for assessing whether you can participate safely in the activity in the space you have chosen without accidents.

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 activity, 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 activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, 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 activity against SEASPAR, including its officials, agents, volunteers and employees.

I understand that SEASPAR carries no medical insurance and the participant's family must cover any medical costs incurred. In the event of an emergency, I understand and authorize SEASPAR 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 and agree that I will be responsible for payment of any and all medical services rendered.

I have been made aware of the inherent dangers and risks of virtual program activities, and I can participate safely in the space I have chosen.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online acceptance or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature _____ Date _____

Participant Signature (if 18 or older) _____ Date _____

- ! PARTICIPATION WILL BE DENIED if the waiver is not signed and dated by parent/guardian.
- ! PARTICIPATION WILL BE DENIED if a 2022 Annual Information Form is not on file.
- ! PARTICIPATION WILL BE DENIED if a Wellness Screening Agreement is not completed.

WELLNESS SCREENING AGREEMENT: WINTER-SPRING 2022

! This form must be completed and returned with registration. It can also be completed via online registration.

Completion of this form is required by the participant's caregiver in order to participate in program. By completing this form, the caregiver acknowledges that wellness checks will be completed by the caregiver prior to allowing the participant to attend each program.

Prior to arrival at program, caregivers should determine if any of the following COVID-19 symptoms are present in the participant. If so, the participant **must not attend the program.**

- Fever of 100.4 F or higher
- Cough
- Shortness of breath
- Chills
- Fatigue
- Muscle or body ache
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

(If a participant has illnesses like allergies or other non-contagious conditions that may appear similar to COVID-19, a note from a physician stating they are not contagious is required prior to attending program.)

If a participant has been diagnosed with or is exhibiting symptoms of COVID-19, they may only return to program after it has been 10 days from the time they have experienced symptoms, they do not have a fever for 3 days (without taking medication to reduce fever), and they have improvement in their respiratory symptoms (cough, shortness of breath). Alternately, a participant may return to program after 2 negative COVID-19 tests in a row, with testing done 24 hours apart.

Prior to arrival at program, caregivers must determine if the participant has been in close contact (6 feet or less for more than 15 minutes) with someone who has tested positive for COVID-19 in the last 14 days. If so, the participant must not attend the program until it has been 14 days from the time of the exposure.

By signing this form, you acknowledge and self-certify that you will ensure that the participant is symptom-free and can safely report to in-person programming.

Participant Name: _____ Date: _____

Parent/Guardian/Caregiver Name: _____

Parent/Guardian/Caregiver Signature: _____

! This form must be completed and returned with registration. It can also be completed via online registration.