



# REGISTRATION FORM

ALL INFORMATION BELOW MUST BE COMPLETED FOR FORM TO BE PROCESSED. ANY FORM NOT COMPLETELY FILLED OUT WILL BE RETURNED TO PARTICIPANT.

**MAIL** CUSR • 2212 Sangamon Dr., Champaign, IL 61821  
**FAX** 217-819-3990 **ONLINE** [cuspecialrecreation.com](http://cuspecialrecreation.com)  
**QUESTIONS** (phone) 217-819-3980 • 711 Relay

**PARTICIPANT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE (H)** \_\_\_\_\_

\_\_\_\_\_ **PHONE (W)** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ **AGE** \_\_\_\_ **SEX** \_\_\_\_ **SHIRT SIZE** \_\_\_\_ **EMAIL** \_\_\_\_\_

**PRIMARY DISABILITY** \_\_\_\_\_

PROGRAM NAME	CODE	PICK UP POINT	TRANSPORT CODE	FEE
1.				
2.				
3.				
4.				
5.				

Would you like to make a donation to the CUSR scholarship fund? \$5.00 \$10.00 Other \_\_\_\_\_

Fee Waiver/Scholarship applied for? \_\_\_\_\_ NO \_\_\_\_\_ YES (If yes, please attach)

**PARENT/GUARDIAN** \_\_\_\_\_ **PHONE (H)** \_\_\_\_\_ **PHONE (C)** \_\_\_\_\_

**EMERGENCY NAME** \_\_\_\_\_ **PHONE (H)** \_\_\_\_\_ **PHONE (C)** \_\_\_\_\_

**DOCTOR'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PREFERRED HOSPITAL** \_\_\_\_\_

CUSR may use pictures and videos taken at programs for publicity purposes. Is this okay? \_\_\_\_\_ Yes \_\_\_\_\_ No

List Medications: \_\_\_\_\_

List Allergies: \_\_\_\_\_

List Dietary Restrictions: \_\_\_\_\_

List Special Needs/Assistance Necessary: \_\_\_\_\_

Please circle all that apply: Wheelchair: manual/electric Nonverbal Sign Language Close Supervision  
 Seizures Cane/Walker Atlantoaxial Subluxation Condition

## SEE BACK OF FORM FOR CREDIT CARD PAYMENT INFORMATION

Participant's name \_\_\_\_\_

Participant's signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

(18+ YEARS OR PARENT/GUARDIAN)

\* Participation can be denied if the signature of adult participant or parent/guardian and date are not on this waiver.  
**Please call 217.819.3980, if you require special accommodations.**

## Important Information

CUSR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. CUSR 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 the CUSR programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/ programs. 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 illness, injury, or impairment, to consult a physician before undertaking any physical activity.

## 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. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/ programs exist. In this regard, it must be recognized that it is impossible for CUSR 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 up and participating in CUSR programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 these program/activities against CUSR and Champaign and Urbana Park Districts, including their respected officials, officers, employees, and volunteers (hereinafter collectively referred as "CUSR"). I do hereby fully release and forever discharge CUSR 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 associated with these programs/activities. I have read and understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

## Photographs

The CUSR/Park District occasionally takes photographs or video of participants for promoting/advertising our programs, services, events, activities, and facilities in our brochures, website or agency social media, and other promotional avenues. By registering for, participating in or attending CUSR/Park District programs, events, or other activities, the participant (or parent/guardian of a minor participant) irrevocably agrees to the use and distribution by the CUSR/ Park District of his or her image (or of his minor child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events and activities for any purpose without inspection or approval and without compensation, rights to royalties or any other consideration now and in the future.

**PLEASE SEE FRONT SIDE FOR WAIVER.**

**THE WAIVER MUST BE SIGNED BEFORE YOUR REGISTRATION MAY BE PROCESSED**

**Please make checks payable to CUSR. Complete below when using VISA/MasterCard**

Account Number \_\_\_\_\_

3-4 Digit CCID# (on back of card) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Expiration Date \_\_\_\_\_

Charge Amount \_\_\_\_\_