



REGISTRATION FORM 2021

This form must be accompanied by a current Annual Information Form (AIF). (AIF) should be completed once annually.

FIRST NAME:	LAST NAME:
CELL PHONE:	E-MAIL:
ADDRESS:	CITY & ZIP:

PROGRAM NAME	PROGRAM NUMBER	FEE
		\$
		\$
<i>A \$5 administrative fee will be charged for any programs for which you register and then drop prior to the event date. A program cancelled by the office (weather/facility conflict) will NOT incur a fee.</i>		\$

Return with **check payable to "WDSRA"**, 116 N Schmale Rd, Carol Stream IL 60188. Or list CC info below:

Pay Type:	Cardholder's Name:	CCV2 #:
Card/Acct #:		Expiration Date:

Waiver & Release
 Western DuPage Special Recreation Association
 Important Information

Synergy Adaptive Athletics is a program of the Western DuPage Special Recreation Association (WDSRA). WDSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. WDSRA 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 this program/activity 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 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 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/program. Understandably, 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, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for WDSRA 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 this program/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 program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/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 program/activity against WDSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as WDSRA).

I do hereby fully release and forever discharge WDSRA 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 this program/activity.

Photo/ Video Release

I hereby authorize and give my consent to WDSRA to photograph/video my child (or me) or to obtain outside photographs/video of my child (or me) participating in WDSRA activities/events/programs, and without limitation, to use such photographs/video in connection with promoting/ advertising the services, programs, and facilities of WDSRA, without consideration of any kind.

If registering via e-mail or fax, your electronic signature shall substitute for and have the same legal effect as an original form signature.

Medical Care Release

I give permission to WDSRA staff and/or representatives from competing organizing committees and/or outside sport team representatives to seek medical care on my behalf in the event of an emergency and agree that I will be responsible for payment of any and all medical services rendered.

YOU MUST SIGN AND DATE THIS FORM BEFORE YOUR REGISTRATION CAN BE PROCESSED. PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

NAME OF ATHLETE:	SIGNATURE:
NAME OF PARENT/GUARDIAN (IF MINOR):	DATE: _____

FORMS MAY BE RETURNED:

Via E-mail: To Kari Wiggins at kariw@wdsra.com

Via Mail: WDSRA, Attn: Synergy, 116 N Schmale Rd, Carol Stream IL 60188

QUESTIONS?

E-mail: information@synergyaa.com

Phone: 630-681-0962 (Office)