

Mail or drop off: NSSRA, 3105 MacArthur, Northbrook, IL 60062-1903

Fax to: 847-509-1177

Questions: Please contact, Maggie Richey at 847-509-9400 ext. 6833 or mrichey@nssra.org

DEADLINE: Friday, February 5, 2010

**NSSRA, World Sport Chicago,
& Adaptive Adventures
Paralympic Experience In Curling
Saturday, Feb. 13, 2010**

Participant's Name: _____ Age: _____ Birth date: _____ Male _____ Female _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: Mom: () _____ Work Phone: Dad: () _____

Cell Phone: Mom: () _____ Cell Phone: Dad: () _____

E-Mail Address (for email confirmation): _____

Are you a new participant? Yes No How did you learn about NSSRA? _____

Parent/Guardian Names (First Emergency Contact): _____ Phone: () _____

Parent/Guardian Address: _____ City: _____ Zip: _____

Second Emergency Contact: _____ Phone: () _____

Contact's Address: _____ City: _____ Zip: _____

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

Disability: _____ I Do I Do Not use a lift operated vehicle

I Do I Do NOT GRANT PHOTO PERMISSION FOR THIS PARTICIPANT'S PICTURE TO BE USED IN NSSRA PUBLICITY OR BROCHURES.

My child uses BoardMaker or similar program

Program Name	Program Code	Fee	No. of Attendees	Total Fee	Office Use Only
<input type="checkbox"/> Train the Trainer Session (3-5pm)	108811-01	FREE		\$0	
<input type="checkbox"/> Paralympic Experience Curling (5-9pm)	107812-01	FREE		\$0	

Names of other family members and friends (including children who are under 5) who will be attending:

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. 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.

PLEASE SIGN. EACH REGISTRATION FORM MUST BE SIGNED.

Participant/Parent/Guardian _____ Date: _____

If registering via fax, your facsimile signature shall substitute for and have the same legal effects as an original form signature.

Please Print Name _____