



Annual Information Form

To register for LWSRA programs, an Annual Information Form must be updated annually and filed with LWSRA. Once an updated form is on file, you may mail in, visit the LWSRA office or register online at www.lwsra.org. Updated forms must be completed at the beginning of the calendar year and when information changes.

Return this form to LWSRA, 21800 S. LaGrange Rd., Frankfort, IL 60423 Attn: Registrar.

Participant Information (please print)

Sec. A

First, middle & last name _____ Nickname _____

Is participant his/her own guardian? Yes No Park District (ex: Frankfort, Frankfort Square, etc.) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Date of birth ____ / ____ / ____ Gender: M OR F Height _____ Weight _____ Hair color _____ Eye color _____

Primary language used at home _____ T-Shirt size* _____ Pant size* _____ Shoe size _____
**Indicate child or adult *Indicate child or adult*

Primary disability _____ Secondary disability _____

Current medications (dose & frequency) _____

*If medication will be dispensed at a program, you must complete a "Permission to Dispense Medication" form. Form can be found online at lwsra.org/forms.
*If using an inhaler or auto-injector, you must complete an "Inhaler or Auto-injector Waiver." Form can be found online at lwsra.org/forms.

Allergies _____ Dietary restrictions _____

Is participant subject to seizures? _____ Type & frequency _____ Date of last seizure ____ / ____ / ____
**If a history of seizures, you must complete the LWSRA "Seizure Form" available at lwsra.org/forms or participation will be denied.*

If participant has Down syndrome, has he/she been tested for Atlantoaxial Instability? Yes No

If yes, were results positive? Yes No *If yes, please attach a copy of medical exam.*

School/place of employment _____ Teacher/supervisor _____

Group home/residential facility _____ Manager/caseworker _____

Emergency Information (Parent or Guardian)

Sec. B

First, middle & last name _____ Relationship _____

Street, city & zip code _____

Phone #: Home _____ Cell _____ Work _____
Place a checkmark beside the phone number you would like us to use first.

Email _____

Secondary emergency contact _____ Relationship _____

Phone #: Home _____ Cell _____ Work _____
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

Sec. C

Eating	<input type="checkbox"/> Eats Independently	<input type="checkbox"/> Needs to be monitored	<input type="checkbox"/> Needs assistance Explain _____
Bathroom	<input type="checkbox"/> Toilets Independently	<input type="checkbox"/> Needs to be monitored	<input type="checkbox"/> Needs assistance Explain _____
Dressing	<input type="checkbox"/> Dresses Independently	<input type="checkbox"/> Needs some assistance	<input type="checkbox"/> Cannot dress independently Exp. _____
Mobility	<input type="checkbox"/> Walks Independently	<input type="checkbox"/> Uses manual wheelchair	<input type="checkbox"/> Uses motorized wheelchair <input type="checkbox"/> Uses other devices for mobility

Explain: _____

Communication	<input type="checkbox"/> Verbal: Speaks clearly	<input type="checkbox"/> Verbal: Difficult to understand	<input type="checkbox"/> Has difficulty expressing needs	<input type="checkbox"/> Gestures/points
	<input type="checkbox"/> Uses sign language	<input type="checkbox"/> Uses hearing devices/hearing aids	<input type="checkbox"/> Uses a communication board/schedule/pictures	

Explain: _____

Swimming	<input type="checkbox"/> Swims independently	<input type="checkbox"/> Can swim a little	<input type="checkbox"/> Cannot swim at all	<input type="checkbox"/> Extreme fear of water
-----------------	--	--	---	--

Explain: _____

Interaction/Socialization Skills

Sec. D

Social Interaction	<input type="checkbox"/> Initiates social interaction on own	<input type="checkbox"/> Socializes with verbal prompting	<input type="checkbox"/> Avoids social interactions
Explain: _____			
Prefers being	<input type="checkbox"/> Alone	<input type="checkbox"/> With peers	<input type="checkbox"/> With adults
Is most successful in	<input type="checkbox"/> Large groups	<input type="checkbox"/> Small groups	<input type="checkbox"/> Other
Responds better to	<input type="checkbox"/> Males	<input type="checkbox"/> Females	<input type="checkbox"/> Either

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

Behavior/Conduct

Sec. E

Following Directions	<input type="checkbox"/> Can follow directions independently	<input type="checkbox"/> Needs verbal prompting	<input type="checkbox"/> Needs step-by-step assistance - Please explain below
Explain: _____			
Check all that apply	<input type="checkbox"/> Short attention span	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Hyperactivity
	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Verbal outburst	<input type="checkbox"/> Instigates behavior
	<input type="checkbox"/> Steals	<input type="checkbox"/> Tantrums/Meltdowns	<input type="checkbox"/> Oppositional/Defiant
<input type="checkbox"/> 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 unusual fears or concerns? Yes No Explain _____

Personal Interests

Sec. F

Favorite quiet activities _____ Favorite active games _____

Least favorite activities _____

Favorite food _____ Favorite color _____ Hobbies _____

Reasons for Participating (please check all that apply)

<input type="checkbox"/> Physical activity	<input type="checkbox"/> Socialization/friendship	<input type="checkbox"/> Group interaction	<input type="checkbox"/> Skill development	<input type="checkbox"/> Motor development
<input type="checkbox"/> Creativity/Self-expression	<input type="checkbox"/> Self-esteem/confidence	<input type="checkbox"/> Responsibility	<input type="checkbox"/> Entertainment	<input type="checkbox"/> FUN!

This form was filled out by: _____ Relationship: _____
Please print name

Signature: _____ Date: _____

Note: Annual Information form and the Annual Waiver and Release must be updated at the beginning of each calendar year or your first registration of the year. Please let us know if any information changes during the year. All applicable medical forms must be completed/updated each season. Please notify us of changes in medication that occur during the year and complete a new Permission to Dispense Medication form (if applicable).

Photo/Video : *Lincolnway Special Recreation Association occasionally uses participant photos, videos, likeness and/or name in publicity or brochures related to LWSRA. Please notify us in writing if you do not want your child/ward's photo, video, likeness and/or name used in brochures or promotional materials related to LWSRA.*

ANNUAL WAIVER AND RELEASE FOR LINCOLNWAY SPECIAL RECREATION ASSOCIATION

Participant's Name : _____

IMPORTANT INFORMATION

The Lincolnway Special Recreation Association is committed to conducting its recreation programs and transportation service in a safe manner and holds the safety of participants in high regard. The Lincolnway Special Recreation Association continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minor children/wards registering for programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational and athletic activities/programs/transportation. You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way, recently suffered an illness, injury or impairment, or is pregnant, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational and athletic activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. When Lincolnway Special Recreation Association provides transportation, it is for the convenience of the participant and enhancement of the program. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of injury when participating in any recreational and athletic activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants and parents/guardians of minor children/wards 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 and athletic activities/programs exist. In this regard, it must be recognized that it is impossible for the Lincolnway Special Recreation Association to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK

Please read this form carefully and be aware that in signing up and participating in programs/activities/transportation, 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/transportation, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, and that my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in any and all activities connected with and associated with these programs/activities (including transportation services/vehicle operation, when provided).

I do hereby agree to fully waive, relinquish, release, and forever discharge the Lincolnway Special Recreation Association, including its officials, agents, volunteers, and employees (hereinafter collectively referred as Lincolnway Special Recreation Association) 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 further agree to indemnify and hold harmless and defend Lincolnway Special Recreation Association from and against any losses, claims, damages to property occurring, growing out of, incident to, or resulting directly or indirectly from my minor child/ward or my participation in any and all activities connected with and associated with these programs/activities.

I have read and fully understand the above Important Information, Warning of Risk, and Waiver and Release of all Claims and Assumption of Risk. If registering via fax my facsimile signature shall substitute for, and have the same legal effect as, an original form signature.

Participant signature _____ Date _____ / _____ / _____

Parent/guardian _____ Date _____ / _____ / _____
(If participant is a minor and/or not his or her own legal guardian)

PARTICIPATION/TRANSPORTATION WILL BE DENIED IF THIS WAIVER IS NOT COMPLETED, SIGNED AND DATED