

# SRJC Registration Winter/Spring 2012

**Resident registration: November 20, 2011 - Non-resident registration: November 27, 2011**

Complete this form in its entirety and return with the proper fee(s) to SRJC, 3000 W. Jefferson St., Joliet, IL 60435. **p. 815-741-7275 x169 f. 815-741-3082**

We do not confirm registration. We will notify you if program is cancelled or postponed. Instructors cannot accept fees at programs.

Please print legibly.

Name: \_\_\_\_\_ Residential Facility \_\_\_\_\_

Residential Manager's Name/Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ E-mail address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Photo Permission: Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

Disability: \_\_\_\_\_

Seizures: Yes \_\_\_\_\_ No \_\_\_\_\_ Controlled: Yes \_\_\_\_\_ No \_\_\_\_\_ Allergies: \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

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

**SRJC Staff cannot administer non-prescription medication**

Assistive device (wheelchair, etc): \_\_\_\_\_

School/Workshop/Employment: \_\_\_\_\_ Teacher: \_\_\_\_\_

Special Olympics Medical Application on file (if applicable) Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Transportation codes**

**#1 Self**

**#2 Door to Door**

**#3 To Programs**

**#4 To Home**

Program Code #	Program Start/End Date	Program Name	Program Cost	Transportation Cost	Type of Transportation	Total

Payment Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Grand Total \$ \_\_\_\_\_

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_ 3 digit code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

**WAIVER**

The Joliet Park District/SRJC assumes no responsibility for personal injuries or loss of personal property while participating in any program, including transportation. It is recommended that participants or parents/guardians make provisions for this coverage within their insurance companies.

I understand that while being transported in Joliet Park District/SRJC vehicles, I must wear a seatbelt, follow all safety rules, and I must not eat, drink or smoke at any time.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, parent or guardian signature above

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Rec'd. by: \_\_\_\_\_

Total: \_\_\_\_\_

Amount Rec'd.: \_\_\_\_\_

Credit: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENTS**

Date	Amount Paid	Balance		Date	Amount Paid	Balance
1.				4.		
2.				5.		
3.				6.		