

SRJC Registration

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 x176 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.		