

Important:

When filling out this form, **Please Print.** Form must be filled out completely, signed by parent or guardian, and returned with full payment to be considered registered.

Registration Form

Adapted Cycling Experience

Is this your first time participating with SSSRA?

YES NO

How did you hear about SSSRA?

Family Publication _____
 Community Expo Other _____

Participant's name _____

Address _____

City _____ Zip _____ Age _____ Sex _____ Birthdate _____

Parent(s)/Guardian(s) name _____ Participant's phone _____

Participant/Family/Guardian e-mail _____ Cell phone _____

Mother work phone _____ Father work phone _____

Emergency contact person _____ Phone _____
(Different from home)

Group Home/Phone #/Contact Person _____

Disability/Special Education classification _____

Participant's school/work _____

Teacher/Supervisor's name _____

Is participant subject to seizures? _____ Frequency _____

If participant has Down Syndrome, is AAI clearance letter from physician on file with SSSRA? _____

Does participant use wheelchair or adaptive equipment? _____ Type _____

Is participant verbal? _____ Type of communication _____

Does participant take medication? Yes No Is medication taken at the program? Yes No

List medication(s) _____

List allergies/foods to avoid _____

Behavior to be aware of _____

Other special considerations _____

T-shirt size Child 6/8 10/12 14/16 Adults S M L XL 2XL 3XL

Bowler's shoe size _____

Photo Permission: I do hereby grant permission for my/our participant's picture to be used in publicity or brochures related to SSSRA. Yes No (Unless indicated, photos of participants may be taken and used for publicity).

Registration form must be filled out completely.
Return to the SSSRA office.
Please write in program choices and sign waiver on reverse side.
All guests must sign a waiver.

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800-526-0844 (TDD)

