



**South Suburban Special
Recreation Association
is hosting a
Sled Hockey
Experience**

**Monday, February 21st
2:45 – 4:45 pm**

**Homewood-Flossmoor
Ice Arena
777 Kedzie Avenue
Homewood, IL**

 **Open to all abilities!!**

*To promote the power of choice and to enhance
the quality of life of individuals of all abilities, by
providing accessible recreation in an environment
that promotes dignity, success, and fun.*

**To register, contact:
Tammy McMahon
815-806-0384, ext 14
tammy@sssra.org**

**Please register by
Friday, February 18th**

Registration is also available on
site with a parent or guardian.

**All athletes must fill
out and return
waivers
to participate.**



Join Our Mailing List!

Would you like to receive flyers, updates on programs and special events, and a seasonal newsletter via email? Join our mailing list by filling out your e-mail address or visiting our website at sssra.org.

E-mail address _____

SSSRA will not share your email address.



Registration Form

Sled Hockey Experience

How did you hear about SSSRA?

☐ Family ☐ Publication _____

☐ Community Expo ☐ Other _____

Is this your first time participating with SSSRA? ☐ YES ☐ NO

Participant's name _____

Address _____

City _____ Zip _____ Age _____ Sex _____ Birthdate _____

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

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 and signed by parent or guardian. Return to the SSSRA office with full payment to be considered registered.

Please write in program choices and sign waiver on reverse side. All guests must sign a waiver.

19910 80th Avenue
Tinley Park, IL 60487

815-806-0384 (phone) www.sssra.org
815-806-0390 (fax)
800-526-0844 (TDD)

Sled Hockey Experience

Registration forms will be accepted by walk-ins, mail, facsimile, or online. An individual is not considered registered until the SSSRA office has received payment in full, along with the completed and signed registration form and waiver. When sending a facsimile transmission to SSSRA, it is mutually understood that the fax document shall substitute for and have the same legal effect as the original form. Please call the SSSRA office to confirm that your fax was received.

Program Name	Code	Resident Fee	Non-Resident Fee	LWSRA + SWSRA
Sled Hockey Experience	32501	FREE	FREE	FREE
	Subtotal			
	Discount			
	Total			

Date	Waiv	BD	Inf	Code Fee	Tot	Pay	Sch	ML	Rec Trac
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FOR OFFICE USE ONLY		
PSBD:		D
1. §	#	D
2. §	#	D
3. §	#	D
4. §	#	D
5. §	#	D
ACA:	DCFS:	SSSRA:
OTHER:		

To be registered you must:

1. Pay previous balance in full.
2. Complete entire registration form.
3. Parent/Legal Guardian must sign form.
4. Full payment must accompany form.
5. Complete Charge Card information below.

☐ MasterCard ☐ VISA ☐ Discover

Account # _____

Expiration Date: _____

Signature: _____

Waiver, Release of All Claims and Hold Harmless Agreement
Read Carefully!

Please read this form carefully and be aware that, in signing up and participating in South Suburban Special Recreation Association programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as participants in the program. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the SSSRA, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the SSSRA and the other released parties from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the SSSRA and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", "programs", and "activities" referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become part of this agreement.

Signature of Parent or Legal Guardian _____