

OFFLINE REGISTRATION FORM

This form is for those that wish to mail in their registration, payments, and waivers.
 Please deliver in person or by mail via USPS to:
 IRVSRA Rec. Center 1715 Dragon Drive, Pekin, IL 61554
 or email to info@irvsra.org



Parent/Guardian waiver information:

Waiver on reverse must be signed for registration to be completed.

Parent/Guardian Name: _____ Phone: _____

E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: Name: _____ Phone: _____

Transportation Pickup & Drop-off: If using the shuttle, please indicate where you would like your pickup and drop-off locations to be. Leaving them blank indicates you will NOT be using the shuttle and meeting us at the event time and location. Mark ' **P** ' for Pekin @ the IRVSRA Rec. Center. Mark ' **F** ' for Fon du Lac Administration Center. If shuttles are available, pickup and drop-off times are listed in the brochure or activity description and indicate the time the shuttle leaves and arrives back the location.

PICKUP: time bus picks up the participants.

DROP-OFF: time bus returns ending the event.

Participant's First & Last Name	Birthdate	Gender	Program Name / Session #	Program Date	Pickup	Drop-off	Fee
John Smith	4/44/44	M	Fall Bowling Shift 2	13/33/99	F	F	\$0.00

Method of Payment: circle one) *All registration fees must be paid before the program's deadline to ensure participation.*

Cash

Check # _____ (Payable to IRVSRA)

Card I will call 309.201.4005 to pay over the phone I will come to the Pekin Office and pay in person

Check a box

*We do not keep your card information on file, so you will have to provide your card each time you register for a new program or session.

Amount Due \$:

Be sure to sign the waiver on the back of this form!

IRVSRA Office Hours:

Monday - Friday : 10:00a - 5:00p

Pekin Park District - IRVSRA Recreation Center
1715 Dragon Drive. Pekin, IL 61554

STAMP: (office use only)



Illinois River Valley Special Recreation Association

WAIVER AND RELEASE: PLEASE READ OVER CAREFULLY FOR PROGRAM PARTICIPATION

I am the parent or legal guardian of this/these minor(s) who is enrolling in an IRVSRA activity or program.

Minor(s) Name: _____

I understand and acknowledge that the enrollment of Minor and his / her participation in Activity is wholly voluntary and that there are physical risks and hazards connected with participation, including, but not limited to the risk of communicable disease such as COVID-19. I understand, acknowledge, and agree that IRVSRA, Fon du Lac Park District, nor Pekin Park District is not responsible for and does not assume the costs of any medical testing, care, or treatment associated with the Minor's participation in the Activity, including, but not limited to, any medical testing, care, and treatment of the Minor or anyone with whom the Minor may have contact during or after the Minor's participation in the Activity.

With regards to the risks posed by COVID-19, I acknowledge, understand, and agree:

- a. That the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and, as a result, the Activity is being delivered during a time of a national public health crisis;
- b. That COVID-19 is extremely contagious and there are risks, known and unknown, associated with the Minor participating in Activity;
- c. That the Minor, other children, other participants, volunteers, coaches, and group leaders may be infected before and/or during Activity and could transmit COVID-19 without displaying any symptoms;
- d. It is my responsibility to manage the risks to Minor, myself, and others the Minor may come into contact which are associated with COVID-19;
- e. That the Minor may pose a risk to those that are most impacted or at greatest risk of infection from COVID-19;
- f. That Pekin Park District cannot guarantee that Minor, or others with whom the Minor comes into contact with during and after participation in the Activity will not become infected with COVID-19.

I agree, on my own behalf, on behalf of Minor, and on behalf of others acting on my behalf to comply with all Pekin Park District's rules and regulations regarding Minor's participation in the Activity, including all rules and regulation that pertain to COVID-19. I understand and agree that noncompliance with any such rules and regulations by myself, Minor, or anyone acting on my behalf may result in termination of Minor's participation in the Activity. I further understand and agree that if Minor or anyone Minor has had direct recent contact with exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, on the day of or within 14 days prior to the Activity, Minor will not participate in the Activity. I understand and agree that if Minor exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, during the Activity, Minor will be required to leave the Activity immediately and notification must be given to Pekin Park District. I understand and agree that any registration, activity, or program fees will not be returned if Minor's participation in the Activity is terminated under either of these circumstances. I understand and agree that if Minor or anyone Minor has had direct contact with exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, within 14 days after the Activity, I will immediately provide notice of the same to Pekin Park District.

Having been given sufficient time to read and review the above acknowledgements, understandings, and agreements, I hereby consent to the Minor's participation in the Activity.

I voluntarily agree to assume all risks, known and unknown, and accept sole responsibility for any injury to Minor, myself, or others with whom we may come into contact, including, but not limited to personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I, Minor, or others who may come into contact with us may experience or incur in connection with Minor's participation in the Activity. On my behalf, and on behalf of Minor, our heirs, and our legal representatives, I hereby release, covenant not to sue, discharge, and hold harmless Pekin Park District, its successors, assigns, employees, Board members, officers, officials, administrators, agents, and volunteers from any and all claims, causes of action, suits, expenses, debts, accounts, controversies, damages, claims and demands arising out of the Minor's participation in the Activity.

- By checking this box, I consent to photos and or videos taken during an IRVSRA program, containing this/these minor(s), and acknowledge they may be used on social media outlets, printings, publication, and future marketing materials for IRVSRA or Pekin Park District.

I hereby acknowledge that I have read this Parental/Legal Guardian Waiver, Release, and Assumption of the Risk, I understand the same, and I have voluntarily agreed to these terms.

Signature: X _____

Parent or legal guardian's signature of participant under guardianship
Participant's signature if 18+ & own guardian

Today's Date: _____