

Special Recreation Services of Sertoma Star Services

Fall 2025 Registration

SRS requires that the following form be updated seasonally or due to a change in participants' health. Please complete this form entirely, and return it with payment.

You must have a current registration to participate in any SRS activities.

All information is confidential.



Participant Information:

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Phone: _____

Park District: _____ Group Home: _____

Parent/Guardian Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Medical Information:

Physicians Name: _____

Hospital: _____ Phone: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Tertiary Name: _____

Seizure Disorder/Type: _____

Frequency: _____ Duration: _____

Seizure Trigger/Warning Signs: _____

Other Impairments: _____

Allergies: _____

Medication (type, dose, and frequency) use separate sheet if needed:

Adaptive Equipment Needs:

Dietary Restrictions:

Daily Living Skills (please circle):

Eating:

Independently

Needs Monitoring

Requires Assistance

Explain:

Bathroom:

Independently

Needs Monitoring

Requires Assistance

Explain:

Dressing:

Independently

Needs Monitoring

Requires Assistance

Explain:

Mobility:

Independently

Walker Wheelchair

(manual or electric)

Can the participant
transfer? Yes No

Is the participant clear of atlantoaxial instability (AAI)? Yes No

SRS SOUTH FALL 2025

Program Registration

Please list each of the programs you are registering for below.

Payment is due upon registration.

PROGRAM	FEE	PROGRAM	FEE

TOTAL: _____ PAID: _____ BALANCE DUE:_____