

SPECIAL RECREATION SERVICES OF SERTOMA STAR SERVICES 2026 PROGRAM REGISTRATION

SRS requires that the following form be updated annually 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: _____ Photo permission: Yes / No

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 Diagnosis: _____

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:

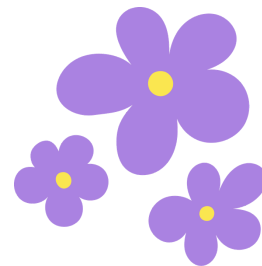
Independently

Walker Wheelchair

(manual or electric)

Can the participant transfer? Yes No

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



SRS SOUTH 2026

Summer 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: _____