

SRS North 2026

Fall Program Registration

Please list each of the programs you are registering for below **OR** use the QR Code to complete the online form. Payment is due upon registration.



PROGRAM	FEE	PROGRAM	FEE

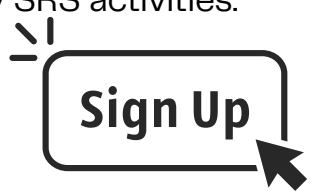
TOTAL: _____ PAID: _____ BALANCE DUE: _____

Special Recreation Services of Sertoma Star Services Fall 2026 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.



Sign Up

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