SRS South 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
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:	**Bathroom:**	**Dressing:**	**Mobility:**
Independently	Independently	Independently	Independently
Needs Monitoring	Needs Monitoring	Needs Monitoring	Walker Wheelchair
Requires Assistance	Requires Assistance	Requires Assistance	(manual or electric)
Explain:	Explain:	Explain:	
_____	_____	_____	Can the participant
_____	_____	_____	transfer? Yes No

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