PLEASE FILL OUT THIS FORM COMPLETELY AND DROP OFF OR MAIL IT WITH PAYMENT TO: COMMUNITY SUPPORT SERVICES INC.
9021 OGDEN AVE. BROOKFIELD IL 60513
FAX IT TO: (708) 354-7412
REGISTER ONLINE AT: https://cssservices.gosignmeup.com

COMMUNITY SUPPORT SERVICES INC. PROGRAM REGISTRATION FORM

Fill out the information below and then list each participant separately in the Registration Information section.

Name: _____ Age: _____ Birth Date: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____

Emergency Contact Name: _____ Number: (___) _____

Address: _____ E-mail Address: _____

Disabilities or Diagnosis (If Applicable):_____

Are there any known allergies? ☐Yes ☐No If so, please list: _____

Medication? ☐Yes ☐No If so, please list: _____

Dietary restrictions? ☐Yes ☐No If so, please list: _____

Other health issues? ☐Yes ☐No If so, please list: _____

Participant Name	Activity Name	Session #	Start Date	Fee

Are you new to CSS Academy? ☐Yes ☐No **Are you interested in volunteering at CSS Inc.?** ☐Yes ☐No

Do any of the above participants require special assistance? ☐Yes ☐No
If yes, please contact CSS (708) 354 -4547

Community Support Services Inc. Photo Release: I understand that my child/ward or I may be photographed or videotaped while participating in a CSS class or workshop. By signing this form I give Community Support Services Inc. permission for photos and videotapes of my child/ward or myself to be used to promote Community Support Services Inc. Such photos and videotapes will remain the property of Community Support Services Inc.

Waivers are required for insurance purposes. Community Support Services Inc. requires a signed waiver. Patrons WILL NOT be able to participate in classes or workshops if the waiver is not signed.

Payment Information

Total Fee: _____ Circle One: Credit Card Money Order Check (Check#: _____) Other Funding Streams

For CSS families see your Coordinator

Cardholder Name (Please Print)	Credit Card No.	Exp. Date	C V V 2 No. On back of card	Charge Amount

Signature: _____ Date: _____

***** Make checks payable to Community Support Services Inc.*****

Waiver and Release of All Claims and Assumption of Risk

Please read this information carefully and be aware that when signing this waiver and participating in activities, you expressly assume the risk and legal liability and waive and release any and all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these activities (including transportation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these activities against CSS, including their officials, agents, volunteers, and employees (hereinafter collectively referred as "Community Support Services Inc." or "CSS").

In consideration of participation in the programs, I do hereby fully release and forever discharge CSS from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these activities.

I understand that CSS carries no medical insurance and the consumer's family must cover any medical costs incurred.

In the event of an emergency, I understand and authorize CSS staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child and agree that I will be responsible for payment of any and all medical services rendered.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of Parent/Guardian: _____ Date: _____
Please circle relationship to participant.

Printed Name of Parent: _____

Signature of Participant (17 or younger): _____ Date: _____

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____

PARTICIPATION WILL BE DENIED if the waiver is not signed or dated by parent/guardian.

PARTICIPATION WILL BE DENIED if a current Annual Information Form is not on file.