

LA PINE PARKS & REC REGISTRATION FORM



Participant's LAST Name _____ Today's Date _____

Parent's FULL NAME (if participant is under 18) _____ Daytime Phone _____ Evening Phone _____ E-Mail Address _____

Mailing Address _____ Apt # _____ City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____ Phone Number _____

Additional medical information or ADA information

Participant Age Range: under 18 19-59 60+

Participant's FIRST Name	Gender	Course/Event#	Class/Event Title	Start Date	Fee	DOB (under 18)

AGREEMENT, WAIVER & RELEASE

PARTICIPANT WAIVER AND RELEASE OF LIABILITY: I HEREBY REGISTER MYSELF AND/OR MY CHILD FOR a course through the La Pine Park & Recreation District and authorize the staff, instructors, volunteers and coaches to direct him or her in participation of activities. I know of no mental or physical problems which may affect his or her ability to safely participate in this activity. I authorize the staff or volunteers to attend to any health problem or injury to me and/or my child that may occur while participating. I hereby release and hold harmless the Bend-La Pine School District, volunteers of La Pine Park & Recreation District Program, Crescent Creek Homeowners Association, La Pine Park & Recreation District Players, Coaches, Agents and Board of Directors, from any liability that may arise from my and/or my child's participation. I acknowledge that I am responsible for any medical expenses due to me and/or my child's illness or injury.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE. I/WE UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY

DATE _____

Participant (if over 18), Parent or Guardian (Signature/Relationship) _____