



ACTIVITIES REGISTRATION

Lawrence Parks and Recreation
 115 W. 11th St., Lawrence, KS 66004
 (785) 832-7920

FOR RECREATION USE ONLY Date _____

Cash
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 VS
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 Check # _____ Registrar _____ Loc. _____

HOUSEHOLD INFORMATION
 (PLEASE PRINT)

Name _____ Sex Male Female

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____

Secondary/Emergency Contact _____ Phone _____

YES! I would like to make a donation to the LPRD scholarship fund. Amt: \$ _____

| Participant's First Name | Participant's Last Name | Birth Date | Sex M/F | Class Code | Sec | Class Name | Fee | Start Date |
|--------------------------|-------------------------|------------|------------|------------|-----|------------|-----|------------|
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In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas, from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Lawrence, Kansas and its employees from any and all claims resulting from injuries, damages and losses sustained by me (and/or my child/children) arising out of or connected with or in any way associated with the activity. In the event of emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will represent consent of waiver here within.

I HAVE READ AND UNDERSTAND THE WAIVER, REGISTRATION AND REFUND POLICIES

Signature Required _____ Date _____

Please Print Name _____ **REGISTRATION INVALID WITHOUT SIGNATURE**

METHOD OF PAYMENT

Check or Money Order (Payable to: City of Lawrence)
 Cash
 MasterCard
 Visa
 Discover

DO YOU NEED SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THESE PROGRAMS? **YES** **NO**

If Yes, please explain. _____