



FOR RECREATION USE ONLY Date _____ Registrar _____ Loc. _____
 Cash MC VS D Check # _____

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

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, 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 photographs (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

DO YOU NEED SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THESE PROGRAMS? YES NO
If Yes, please explain. _____

METHOD OF PAYMENT

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