



**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 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. \_\_\_\_\_