

Fallon County Recreation Department  
Winter 2019

Youth Program Registration Form

**\*\*Participation will not be allowed without a form completed by a parent/guardian.\*\***

Activities (Circle activities/times that you will be participating in):

- Basketball FUNdamentals: Kindergarten \$25       Preschool Tumbling: Thursdays \$25  
 Basketball FUNdamentals: 1st & 2nd \$25       Preschool Tumbling: Fridays \$25  
 Basketball FUNdamentals: 3rd & 4th \$25

Participant's Name (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

T-shirt Size: Child: 3T \_\_\_\_\_ XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_  
(Size 4) (6-8) (10-12) (14-16)

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Method of payment: Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_

***No child will be denied participation due to inability to pay, as long as they are in good standing with the After School Program. Please contact the Rec. Dept. to see if a scholarship is available.***

**Refund Policy:** No refunds will be given once a program has begun. No discounts will be given for absences.

**Notice to all participants and parents:** By my signature below, I acknowledge that physical activities create inherent risks of injury to my person, I, hereby, assume these risks, waive and release the Fallon County Recreation Department, the City of Baker, Fallon County, Baker Schools, and those associated from any and all rights and claims for damages or other loss which might suffer while participating in Fallon County Recreation sponsored physical activities or as a result of my use of the equipment or facilities. I, the parent completely agree and will not hold FALLON COUNTY RECREATION DEPT or THE CITY OF BAKER liable for any injuries or damages both known and unknown whatsoever. If any participant acts in any manner that is improper, I understand that the participant will be removed with no refund of entry fee. Parents please sign the form below to release your child to participate.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

- The Fallon County Recreation Dept. may be taking pictures and if chosen, I allow my child's picture and /or name to be featured in the local newspaper, internet, or other advertisement.

**Health Information**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event I cannot be reached, the Fallon County Recreation Dept or volunteers have my permission to take my child to the emergency room.

\_\_\_\_\_  
Signature of Parent/Guardian

Are there any medical facts, which we should be aware of? (*allergies, medications, etc.*)

- Yes  No If yes, please explain: \_\_\_\_\_