Fallon County Recreation Department Adult Registration Spring 2017

Name (please print):			
Address:			
City:	Zip:	T-Shirt Size: S	M L XL 2XL
Daytime Phone:		Home Phone:	
Email Address:			
Refund Policy: No refunds	s will be given once a proç	gram has begun. No discoun	ts will be given for absences.
on in the program carry certain and determined to engage in does hereby release and fore their employees, agents and vated to registrant's participation of the completely agree and completely agree and completely agree.	n risks for the participant. Fithe program with full knowle ver discharge the City of Bayolunteers from any and all lon in the recreation program will not hold FALLON COUNTIES or damages both known	Registrant has independently readge and acceptance of the risk ker, Recreation Department, Fiability of damages, loss, or pen or activity below. YOU the party RECREATION DEPT or Trand unknown whatsoever.	ledges that the activities carried eviewed and evaluated the risks ks. The registrant agrees to and allon County, Baker Schools and rsonal injury arising out of or rearticipant and (if under 18) the HE CITY OF BAKER or BAKER ou agree to comply with all terms
PARTICIPANT/GUARDIAN S	SIGNATURE		DATE
I allow the Fallon Cou	inty Recreation Department	to publish my picture that is tal	ken during activity participation.
	s payable and mai	n Stroke Clinic	t, Box 1512 Baker, MT
	learning about All fitne	Straub	
Windows Date: Tuesday Time: 4:00 - 5 Place: BHS Ro Cost: \$5.00 Instructor: Ly Min/Max: 5/20	y, March 7th :30 pm com #9 nn Beach Window	Min/Max : 5/20 p	March 28th ::30pm n #9 Beach