

Fallon County Recreation Department

Summer 2017

Youth Program Registration Form

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

Activities (Please check the activities/times that you will be participating in):

- Activities list including Tee Ball \$20, Art Camp \$30, Volleyball Camp \$20, Star Shooter Bball Camp 5th-8th \$40, Star Shooter Bball Camp 9th-12th \$40, Theater Camp 3rd-8th \$30, Youth Soccer \$20, Tennis Camp \$20, and Cheerleading 3rd-6th \$20.

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 _____

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.

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: