

Fallon County Recreation Department
Winter 2017

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):

- | | |
|---|---|
| <input type="checkbox"/> Youth Basketball : Kindergarten \$20 | <input type="checkbox"/> Preschool Tumbling: Thursdays \$20 |
| <input type="checkbox"/> Youth Basketball: 1st & 2nd \$20 | <input type="checkbox"/> Preschool Tumbling: Fridays \$20 |
| <input type="checkbox"/> Youth Basketball: 3rd & 4th \$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 _____
(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: