

# SALINA PARKS & RECREATION REGISTRATION FORM

300 W. Ash, Rm. 100 • Ph. 785-309-5765 • Fax 785-309-5769

OFFICE USE ONLY  
DATE / INITIALS

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## HEAD OF HOUSEHOLD OR PARENT/GUARDIAN

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Complete the section below if you have **NOT** enrolled in any Parks & Recreation activities before, **or** if your information has changed.

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Special Instructions / Allergies / Medical Needs \_\_\_\_\_

**\*To help us better serve you, please take the short survey on back.**

Participant's Name	Sex (Circle one)	Date of Birth	Current Grade '13-'14	Program Name	Program # (Required) Ex. 9999.999	Start Date	Start Time	Fee	
	M / F	__/__/__		.....					
	M / F	__/__/__		.....					
	M / F	__/__/__		.....					
	M / F	__/__/__		.....					
	M / F	__/__/__		.....					
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	M / F	__/__/__		.....					
	M / F	__/__/__		.....					
	M / F	__/__/__		.....					
<b>**All information is required** Incomplete or incorrect information may delay the registration process.</b>								<b>TOTAL FEES</b>	

### METHOD OF PAYMENT

Check (payable to the City of Salina) or money order is enclosed

Master Card  VISA  Discover  3 Digit Verification Code (on back): \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PARTICIPANT CONSENT / MEDICAL TREATMENT FORM**

In the event that the individual(s) registered in any Salina Parks & Recreation sponsored program(s) may be in need of treatment at any emergency room or medical care facility, the participant's instructor, or any employee of the City of Salina Parks & Recreation Department and/or other sponsoring agencies, has my consent to authorize treatment for the participant(s) by the doctor(s) of their choosing as the doctor(s) may deem necessary.

I, the undersigned, do hereby acknowledge that I have granted permission for me/my child to participate in any and all programs(s) with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the city of Salina Parks & Recreation Department, other sponsoring agencies and all of their representatives free from liability for any injury, harm, or complication resulting from said participation in any and all program(s). Furthermore, I do understand that accident insurance is not provided by the City of Salina Parks & Recreation Department and/or other sponsoring agencies, and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by me and/or my child while participating in said program(s).

I also acknowledge that the City of Salina Parks & Recreation Department may take photographs of me/my child while participating in Parks & Recreation sponsored activities and I grant permission for the Parks & Recreation department to use said photographs for the purpose of promoting and informing the community about Parks & Recreation activities.

For needed accommodations, please call Salina Parks and Recreation at 309-5765 TDD 309-5747 between the hours of 8:00 am and 5:00pm. Every effort will be made to accommodate known disabilities. For material or speech access, please call at least five working days prior to the event.

<b>Waiting List Option</b>
I wish to be placed on the waiting list for my 1st choice program(s). <input type="checkbox"/>
<b>Online Registration</b>
Register or check course availability online:
• www.salina-ks.gov
• Departments/Parks & Rec
• Click on Registration Link
<b>Activity T-Shirts</b>
Some Parks & Recreation programs include a T-shirt in the registration fee. Please circle the participants shirt size below.
Adult: SM M LG XL
Youth: M (10-12) LG (14-16)
Other: _____

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*We value your opinion, let us know what you think!*

1. Gender:  Male  Female      2. Age: 19 & Under    20-34    35-49    50-64    65-79    80+

3. How did you hear about our program(s)? *(Please circle all that apply)*

Activities Guide	Newspaper	Friend
Website	Radio	Mailing
Social Media	E-Mail from staff	Other _____

4. Do you know about our online registration?       No       Yes

If yes, what discouraged you from enrolling online? \_\_\_\_\_

5. Would it be beneficial to see program updates, special event information and Salina Parks & Recreation reminders through social media (facebook, twitter)?       No       Yes       Do not use social media

If yes, on what social media sites would you like to see these updates?

Facebook     Twitter     Other \_\_\_\_\_

6. Would you like to be part of a monthly Salina Parks and Recreation e-mail update?

No       Yes e-mail \_\_\_\_\_

Other Comments: \_\_\_\_\_