Registration Form

SALINA PARKS & RECREATION

Office Hours are 8:00am-5:00pm, Monday-Friday

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Day_____ Night_____

Email: _____

Program #	Course Name	Fee	Participants Name	Sex	DOB

How did you hear about our programs? ___ Website ___ Newspaper ___ Activities Guide ___ Friend ___ Flyer ___ Radio Advertisement ___ Other

Participant Consent/Release of Liability
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 5 working days prior to the event.

Signature: _____ Date: _____

METHOD OF PAYMENT

Mastercard ___ Visa ___ Discover ___ 3 Digit Verification Code (on back): _____

Credit Card # _____ Exp. Date: _____

Cardholder's Signature: _____

Office Use Only	
Date Received	
Amount Received	
Initials	