City of Lawrence
PARKS AND RECREATION

ACTIVITY REGISTRATION FOR LAWRENCE PARKS AND RECREATION PROGRAM FOR USD #497

Lawrence Parks and Recreation Department
115 W. 11th St., Lawrence KS 66044
(785) 832-7920 FAX (785) 832-7938

HOUSEHOLD INFORMATION (PLEASE PRINT)

Name _____

Address _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Secondary/Emergency Contact _____ Phone _____

Badge Number _____ Employee Worksite _____ Title _____

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas, and the Unified School District Number 497 Douglas County, Kansas (Lawrence Public Schools) from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Lawrence, Kansas, the Unified School District Number 497, Douglas County, Kansas (Lawrence Public Schools) and its employees from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with or in any way associated with the activity. In the event of emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during the use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.

I HAVE READ AND UNDERSTAND THE WAIVER, REGISTRATION AND REFUND POLICIES

Signature (Required) _____ Date _____

Please Print Name _____

METHOD OF PAYMENT

☐ Check or Money Order (Payable to Lawrence Parks and Recreation Department) Credit Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Cash ☐ MasterCard ☐ Visa ☐ Discover Name on Card _____ Exp. Date _____

Signature _____ Date _____

PARTICIPANT'S FIRST NAME	PARTICIPANT'S LAST NAME	BIRTH DATE	SEX M/F	CLASS CODE	SEC	CLASS NAME	FEE	START DATE

Do you need special accommodations to particiapte in these programs? ☐ Yes ☐ No If yes, please explain.

_____

_____