



# Program Registration

<b>For Office Use Only:</b>	
Amount: \$	_____
Receipt #:	_____
Check #:	_____
Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family (Last) Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Emergency # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender:  F     M

**Note: Fill in the following information for each program you are registering for. (Please print legibly)**

PROGRAM TITLE	REGISTRANT NAME	AGE	D.O.B.	GRADE	SHIRT SIZE	COST

1) Are there any medical conditions, physical limitations, or anyone currently taking any medications that may affect participation in any given program?  NO     YES If yes, please explain: \_\_\_\_\_

2) In the event of an emergency, I give permission for the program staff to administer emergency medical Treatment?  Yes     No

3) Would you like to be a volunteer for this program or any other programs that we offer?  Yes     No  
If yes, please fill out the Town of Liberty Parks & Recreation Volunteer Form and submit to the office.

**Program & Registration/Refund Policy:** All program registration fees must be paid prior to the start of the program. All registrants are entitled to a full refund in the event of cancellation, or until the first day the program begins. Late entry into, withdrawal from, or limited attendance in a program, will not entitle any individual or group to a refund. All refunds under this policy will be made through the Town of Liberty's monthly voucher system. The Parks & Recreation Board and/or Department reserve the right to deny entry into, or remove any participant from any program due to disciplinary problems or to avoid creating a staffing hardship situation which is beyond reasonable expectations of the Town of Liberty Parks & Recreation Department.

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In reference to the above registrant(s) I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depiction) FOR PUBLICIZING the Town of Liberty Parks and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE, and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the Town of Liberty, the Town Board members, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I am aware that these classes or activities subject me to physical risks and dangers. Nevertheless I voluntarily agree to assume any and all risks of injury or death, and to release, discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

The named individual(s) has/have permission to participate in the above designated program(s) and the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Registrant Signature or Parent/Guardian Signature for Youth Registrants

\_\_\_\_\_  
Date