

# REGISTRATION FORM PARKS & RECREATION

Activity/Program	Start Date/Time	\$
------------------	-----------------	----

---



---



---

TOTAL Amount Due \$ \_\_\_\_\_

Make check payable to: City of Chehalis  
 Mail to: Chehalis Parks and Recreation  
 1321 S Market Blvd.  
 Chehalis, WA 98532  
 360-748-0271 phone  
 360-748-6333 fax

PARTICIPANT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ M or F \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME NUMBER \_\_\_\_\_ EVENING NUMBER \_\_\_\_\_

**A concussion form must be submitted with registration. (Concussion form on-line)**

TOTAL Amount Paid \$ \_\_\_\_\_

I am fully aware of the special dangers and risks inherent in the activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. In the event of a serious injury and we are unable to contact a parent or guardian the supervisory staff will seek emergency medical assistance. Being fully informed as to these risks and in consideration of the privilege of participating in the above-described activity, I hereby assume all risk of injury, damage and liability and waive any right of recovery from or to bring suit against the City, or Kim's for any personal injury, death, or other consequences arising out of my voluntary participation in the activity, except for the sole negligence of the City.

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release; and that I join in the release without reservation, granting full consent and authorization for the above-named person to participate in the activity.

Parent/Guardian Printed Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Chehalis School District does not sponsor this event and the District assumes no responsibility for it. In consideration of the privilege to distribute materials, the local school district shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of distribution of these materials, including costs, attorney's fees and judgment awards.

Refund Policy: No refund except for program cancellation.  
 Mail in registration form: Please provide a self-addressed stamped envelope if you want a receipt.

Date pd _____ Amt _____
Ck# _____ Cash _____
Receipt _____