

REGISTRATION FORM



MARCH - AUGUST 2009 PROGRAM REGISTRATION FORM

Shirt Sizes are needed for Start Smart, Tee-Ball & Coach-Pitch only

Parent(s)/Guardian(s) Information:

Primary: (last) _____ (first) _____ Secondary: (last) _____ (first) _____
 Address: _____ City: _____ Zip Code: _____
 Phone: (Home) _____ (Primary Work) _____ (Secondary Work) _____ (Cell/Emergency) _____
 Do you live within Jefferson City limits? Yes No E-Mail Address: _____

First Participant

Name: _____ Gender: M or F School: _____
 Last Swim Level Passed: _____ Shirt Size: Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL
 Activity Number Activity Name Fee
 1. _____ - _____
 2. _____ - _____
 3. _____ - _____

DOB: _____
 Grade Fall 2009: _____
 Comment(s): _____

Second Participant

Name: _____ Gender: M or F School: _____
 Last Swim Level Passed: _____ Shirt Size: Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL
 Activity Number Activity Name Fee
 1. _____ - _____
 2. _____ - _____
 3. _____ - _____

DOB: _____
 Grade Fall 2009: _____
 Comment(s): _____

Third Participant

Name: _____ Gender: M or F School: _____
 Last Swim Level Passed: _____ Shirt Size: Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL
 Activity Number Activity Name Fee
 1. _____ - _____
 2. _____ - _____
 3. _____ - _____

DOB: _____
 Grade Fall 2009: _____
 Comment(s): _____

Check here if you wish to participate in any Parks and Recreation activity, but feel you may need some special accommodations. A staff member will contact you to make the necessary arrangements.

Payment Method

- cash (enclosed)
- check (enclosed)
- credit card
 - Visa
 - MasterCard
 - Discover



Total Registration Fees \$ _____

Account #: _____
 Expiration Date ____/____/____

Mail or drop-off payment & this form to:
 Jefferson City Parks and Recreation
 427 Monroe Street
 Jefferson City, MO 65101
 -or- Fax registration to: (573)634-6489

 (Authorized Signature)

The undersigned releases the Jefferson City Parks and Recreation Commission, the Jefferson City Department of Parks and Recreation and its staff, the City of Jefferson, and activity co-sponsors from all liability which may arise from participation of the above named person(s) in the program listed and holds them harmless from such liability. Any falsification on registration information will result in dismissal from the program with no refund allowed. The Department of Parks and Recreation has my permission, both during and anytime after to use the likeness, name, voice, or words of the participant in either television, radio, film, newspapers, and other media, and in any form for the purpose of advertising or communicating the purposes and activities of the Department of Parks and Recreation.

Participant (if 18 or older);

Guardian Signature _____ Date _____

Each change to this registration will require the completion of a Change of Activity Form which may be picked up at the Department of Parks & Recreation.

Sponsorships are available for those who qualify. Please see page 5 for more information.