

# REGISTRATION FORM



## AUGUST 2009 - FEBRUARY 2010 PROGRAM REGISTRATION FORM

Shirt Sizes are only needed for certain programs.

### 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: \_\_\_\_\_

Please email receipt (emails are only used by Parks and Recreation)

### First Participant

Name: \_\_\_\_\_ Gender: M or F School: \_\_\_\_\_

DOB: \_\_\_\_\_ Last ISI Level Passed: \_\_\_\_\_ Shirt Size: Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL

Grade Fall 2009: _____	Activity Number	Activity Name	Fee
Comment(s):	1. _____	_____	_____
_____	2. _____	_____	_____
_____	3. _____	_____	_____

### Second Participant

Name: \_\_\_\_\_ Gender: M or F School: \_\_\_\_\_

DOB: \_\_\_\_\_ Last ISI Level Passed: \_\_\_\_\_ Shirt Size: Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL

Grade Fall 2009: _____	Activity Number	Activity Name	Fee
Comment(s):	1. _____	_____	_____
_____	2. _____	_____	_____
_____	3. _____	_____	_____

### Third Participant

Name: \_\_\_\_\_ Gender: M or F School: \_\_\_\_\_

DOB: \_\_\_\_\_ Last ISI Level Passed: \_\_\_\_\_ Shirt Size: Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL

Grade Fall 2009: _____	Activity Number	Activity Name	Fee
Comment(s):	1. _____	_____	_____
_____	2. _____	_____	_____
_____	3. _____	_____	_____

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

Account # : \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ (Authorized Signature)

Total Registration Fees \$ \_\_\_\_\_



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

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 \_\_\_\_\_

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