

Port Angeles Recreation

Program Registration Form

Do not use for Day Camps/After school program

Mail To: Port Angeles Recreation
 PO Box 1150, Port Angeles, WA 98362
Phone: 360-417-4550 Fax: 360-417-4559

Adult Name (Last)		(First)	(M.I.)
Address		City	Zip
Home Phone		Work Phone	Add. Phone
Email Address		Resident <input type="radio"/>	Non-Resident <input type="radio"/>
In case of emergency notify:		Name	Phone Relationship



Activity/Program/Session #	Fee	Participant Name		Child Date of Birth	M/F
		First	Last		
Total					

Assumption of Risk and Waiver Release

I understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from my, or my child's participation in this activity. Being fully informed as to these risks, and in consideration of the City's allowing myself/my child to participate in this sponsored activity and/or use of City Facilities, I, on behalf of myself and/or my child, assume all risk of injury, damage and harm to myself or my child which may arise from mine or my child's participation in the activities or of City Facilities. I further agree, individually and/or on behalf of my child, to release and hold harmless lawsuit for damages against them for any personal injury, death, or other harmful consequences occurring to the above-named participant arising out of the participants voluntary participation in the activity. I grant my full and voluntary consent for the above-named participant to participate in the activity described above.

Photograph Waiver: Recreation staff will at times take photographs of participants to use in marketing our programs. Photographs could be used on City websites, program brochures, flyers, media press releases and advertisements. I/we also agree to allow the use of photographs of the above named person to be used in the described manner.

Please make checks payable to *The City of Port Angeles*

Credit Card Information	
<input type="radio"/>	<input type="radio"/>
	
Card #:	
Exp. Date:	3 digit code:
Signature:	

Signature: _____ Date: _____

Signature of: Parent Guardian Participant



For Office Use:			
Payment: Amount Pd. _____	Cash	Check # _____	Credit Card