

Willard Parks And Recreation

_____ (Program)

OFFICE USE ONLY

Receipt#: _____

Check#: _____

Date: _____

Circle: Cash CC

Payment Amount: _____

Child's Name				
Gender		Age		Grade
School Attending				
Parent/Guardian Name				
Home Address				
Preferred Contact Number				
Alternate Contact Number				
E-Mail:				

List Special Accommodations for participant: _____

May your child be photographed for future media purposes? Yes / No

How did you hear about the program? _____

My family and I hereby waive and release Willard Parks and Recreation and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of Willard Parks and Recreation activities.

X _____
Print Name

X _____
Signature of participant or parent if participant is under 18

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