

Fallon County Recreation Department
Summer - 2010
Youth Program Registration Form

Activities (Circle activities/times that you will be participating in):

Cheer Camp \$20

Basketball Camp \$40

Tennis Camp \$20

T-Ball \$20

Art Camp \$40*

Youth Soccer \$20

Park Parade \$20

Theater Camp \$40*

Preschool Adventure \$25

Participant's Name (please print): _____

Mailing Address: _____

City: _____ Zip: _____ Date of Birth: _____ Age: _____ Grade: _____

T-shirt Size: Child: 3T _____ XS _____ S _____ M _____ L _____ Adult: S _____ M _____ L _____ XL _____
(Size 4) (6-8) (10-12) (14-16)

Parent's Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Method of payment: Check _____ Cash _____ Amount _____

Notice to all participants and parents: By my signature below, I acknowledge that physical activities create inherent risks of injury to my person, I, hereby, assume these risks, waive and release the Fallon County Recreation Department, the City of Baker, Fallon County, Baker Schools, and those associated from any and all rights and claims for damages or other loss which might suffer while participating in Fallon County Recreation sponsored physical activities or as a result of my use of the equipment or facilities. I, the parent completely agree and will not hold FALLON COUNTY RECREATION DEPT or THE CITY OF BAKER liable for any injuries or damages both known and unknown whatsoever. If any participant acts in any manner that is improper, I understand that the participant will be removed with no refund of entry fee. The Fallon County Recreation Dept. may be taking pictures and if chosen, my name will be featured in the local newspaper or other advertisement. Parents please sign the form below to release your child to play. Thank you for participating and have a great time!

Parent's Signature _____ Date: _____

Health Information

Doctor's Name _____ Phone _____

In the event I cannot be reached, the Fallon County Recreation Dept or volunteers have my permission to take my child to the emergency room.

Signature of Parent/Guardian

Are there any medical facts, which we should be aware of? (*allergies, medications, etc.*)

Yes No If yes, please explain: