

REGISTRATION FORM

(Registrations received after 4 p.m. will be posted the next business day.)



Name of Parent/Guardian the child lives with _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Emergency Phone (_____) _____ Cell Phone (_____) _____

E-mail _____

Registration Information

First Name	Last Name	Gender M/F	Shirt Size	Birth Date	Program Name	Program Number	Fee

Total Registration Fee _____

If you would like to add \$1 or more to help another child through our Scholarship fund, please add that total here. _____

Total Payment _____

Refund Policy

We will refund your fee, minus a \$5.00 Administrative Charge, via a check or Household Credit if the request is made at least 2 business days prior to the start date of the program, event or activity. After the first meeting or the beginning date of the program if you are in any way dissatisfied with our program, only a household credit will be given. If requested as a check, allow 2-3 weeks to receive your refund in the mail. Please be aware that a \$5.00 Administrative Charge is applied to all refunds.

Statement of Release

I/We agree to indemnify and hold harmless the City of Owensboro, its officials and employees, from and against any and all claims, suits, actions, damages and/or causes of action, brought by any person, or other entity, arising out of participation in this activity, for any personal injury, loss of life and/or property damage or loss, and from all costs, expenses and liability incurred, or order or judgment entered, as a result of any such claim, the investigation thereof or the defense of any action, including attorney's fees. I also give permission for treatment of any injury and/or illness in the event of an emergency and I am unable to give consent. A copy of this authorization shall be as effective as the original.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENT.

Signature of Participant or Parent/Guardian if under 18 years of age _____

Name of Physician _____ Phone _____

Health Insurance Coverage by _____

Disclaimer Photo Policy - Photos are periodically taken of participants. These photos are for Owensboro Parks and Recreation public relations use only and may be used in the Department's publications or advertisements.

Accessibility – Reasonable Accommodations Policy

It is the intent of Owensboro Parks and Recreation to make all programs and facilities accessible to individuals with disabilities. If an accommodation is necessary for a patron's participation, please advise Owensboro Parks and Recreation staff of the needed service and/or accommodation in advance or at the time of registration by contacting our office at 270-687-8700. We will make every reasonable accommodation possible to serve all citizens.

Do you believe your child will need Reasonable Accommodations? Yes No

If Yes, please explain _____

Staff will contact you about requested Reasonable Accommodations.

Mail to:

Owensboro Parks and Recreation Dept.
1530 McJohnson Ave.
Owensboro, KY 42303
Attention: Registration

Make check payable to: City of Owensboro

This Section must be filled out if you are using VISA, MASTERCARD ro DISCOVER.											
Account Number											
Cardholder Name _____											
Expiration Date _____ Amount of Charge _____											
Authorized Signature/Approval # _____											

All programs and activities are open to everyone without regard to race, color, religion, sex, national origin, disability, age or political affiliation.