

# 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. All household credits must be used within 365 days of being applied to an account.

**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.*