

Redmond Area Park and Recreation

465 SW Rimrock Dr. Redmond, OR 97756 541-548-7275

Registration # _____

PARTICIPANT LAST NAME	FIRST NAME	MIDDLE NAME

ADDRESS	GENDER	Age	DATE OF BIRTH
	<input type="checkbox"/> M <input type="checkbox"/> F		___/___/___

CITY	STATE	ZIP CODE	ETHNICITY:
			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Islander <input type="checkbox"/> Other

Number of Years Played Basketball _____ Soccer _____ Football _____	Email: _____
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LEGAL GUARDIAN	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

EMERGENCY CONTACT	EMERGENCY PHONE	DISTRICT RESIDENT	HAVE INSURANCE?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL RELEASE:	NAME OF INSURANCE CARRIER/POLICY #
Doctor: _____ Phone: _____	
Dentist: _____ Phone: _____	

Medical Problems / Allergies / Medications: (Please List All)

CONSENT FOR TREATMENT:

I (we) hereby give my (our) consent for any medical treatment approved by any supervisor in case of illness or injury while participating in any programs conducted by Redmond Area Park and Recreation Dist.. I understand that this is to prevent undue delay, and assure prompt treatment and that only a licensed physician, EMT or other medical professional will be engaged for such emergencies.

Signed: _____ Relationship: _____ Date: _____

We must have on file Names, Addresses and Phone Numbers of individuals permitted to pick up your child from this program. Please include parent's name(s)

Name _____	Phone _____
Address/City/St/Zip _____	
Name _____	Phone _____
Address/City/St/Zip _____	
Name _____	Phone _____
Address/City/St/Zip _____	

MEMBER LIVES WITH: (Circle One)

Both Parents
 Mother
 Father
 Aunt/Uncle
 Sister/Brother
 Grandparent
 Guardian
 Other

CAN YOU AS A PARENT HELP? (Please fill out attached form.)	Number in Household
<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Referee <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Phone Calls	_____

SCHOOL INFORMATION:	PAYS Orientation: _____	
School Name: _____		
School year 2009/10 Grade: _____ T-Shirt Size: _____ Child S (6/8) M (10/12) L (14/16) Adult S M L XL	School year 2010/11 Grade: _____ T-Shirt Size: _____ Child S (6/8) M (10/12) L (14/16) Adult S M L XL	School year 2011/12 Grade: _____ T-Shirt Size: _____ Child S (6/8) M (10/12) L (14/16) Adult S M L XL

Check here if you would like to be contacted by our Therapeutic Recreations Coordinator regarding disability accommodations.

Activities Registering for:

Guide/Year: _____ Activity: _____ Session: _____ Paid: \$ _____ Rec#: _____ Sch: Pending / On File

Guide/Year: _____ Activity: _____ Session: _____ Paid: \$ _____ Rec#: _____ Sch: Pending / On File

Guide/Year: _____ Activity: _____ Session: _____ Paid: \$ _____ Rec#: _____ Sch: Pending / On File

Guide/Year: _____ Activity: _____ Session: _____ Paid: \$ _____ Rec#: _____ Sch: Pending / On File

Guide/Year: _____ Activity: _____ Session: _____ Paid: \$ _____ Rec#: _____ Sch: Pending / On File

Guide/Year: _____ Activity: _____ Session: _____ Paid: \$ _____ Rec#: _____ Sch: Pending / On File

INFORMED CONSENT / PARTICIPANT RELEASE

“I, the participant or the parent/guardian of the above named participant understands the possibility of injuries resulting from the activities indicated above or other activities sponsored by the Redmond Area Park and Recreation District. I hereby acknowledge and accept all risks and hazards incidental to participation in such activities, I hereby release, absolve, indemnify and hold harmless the Redmond Area Park and Recreation District and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against the Redmond Area Park and Recreation District, its directors, employees and agents. I understand there is no insurance coverage provided by Redmond Area Park and Recreation District for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of Redmond Area Park and Recreation District, is involved in the transportation of participant in connection with Redmond Area Park and Recreation District activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that either a licensed physician or a trained emergency care technician may provide such treatment. I agree that the Redmond Area Park and Recreation District may use, reproduce, disclose and distribute participant’s name and/or likeness and the information included in this registration form by the Redmond Area Park and Recreation District. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the Redmond Area Park and Recreation District is relying on such acceptance in permitting participation participant to engage in any programs conducted by Redmond Area Park and Recreation District activities.”

I have read the completed application, understand the rules of the Redmond Area Park And Recreation Dist. and request that _____ be admitted into activity (ies). I have explained the rules to My child and agree that the Redmond Area Park and Recreation Dist. will not be responsible for any accident to the boy/girl while at Redmond Park and Recreation Dist. on the premises or while engaged in any of its activities away from the Redmond Area Park and Recreation Dist. I give my consent for photographs, in which above named participant may appear, to be used for marketing for the district.

Participant or Parent/Guardian Signature

Date

Participant or Parent/Guardian Signature

Date

Participant or Parent/Guardian Signature

Date