

YOUTH REGISTRATION FORM

ACTIVITY: _____ FEE: _____ RECEIPT #: _____

PARTICIPANT NAME: _____ SEX: M___ F___

ADDRESS: _____ CITY: _____

HOME PHONE: _____ MESSAGE _____

AGE: _____ BIRTHDATE: _____ GRADE: _____ SHIRT SIZE: ym yl as am al axl
(YOUTH ONLY) (YOUTH ONLY) circle size

INTERESTED IN COACHING OR ASSISTANT COACHING: YES___ NO___ SHIRT SIZE _____

SPECIAL REQUESTS OR COACH REQUEST (REQUESTS WILL BE HONORED IF POSSIBLE): _____

I(we) am/are the parent(s) or legal guardian of the above named child who desires to be a participant in the City of Toppenish sponsored recreation activity. It is important to me(us) that this child be allowed to participate in this activity. I(we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of City facilities I(we), on behalf of myself(ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I(we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Toppenish, its officials, employees and agents and agree to waive any right of recovery that I(we) may have to claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I(we) grant my(o0ur) full and voluntary consent for the above-named child to participate in the activity described above.

I understand that there are NO REFUNDS unless the program/activity is cancelled due to insufficient registrations. All programs require pre-registration.

(Initials)

CONSENT TO PARTICIPATE/SIGNATURE: _____ DATE _____
(Parent or guardian must sign if participant is under 18 years of age.)

Toppenish Parks and Recreation
20 Asotin Avenue
Toppenish, WA 98948
865-5150

"nothing you do for children is ever wasted"