REGISTRATION FORM

Mail registration form with credit card info or check payable to *SWPRD, PO Box 136, Langley, WA 98260*, or fax to (360)221-7323. You can also register online at www.swparks.org with no extra fees!

Participant Information	Name (Last, First)	PI	hone	Alt. Phone	Birthdate (Youth)	Age Grade
	Address	Ci	ity	State	Zip	Gender
	Email(s)		heck here to receive our -newsletter []	Height (Bball)	Circle your unisex shirt size (if applicable)	Youth: S M L Adult: S M L XL 2X
	Please list any health, behavioral or medical concerns.					
	Emergency Contact (Other than those listed below)	PI	Phone(s)		Relationship to participant	Authorized to pick up child: \Box Yes \Box No
	Parent/Legal Guardian (Required for youth only)	PI	Phone(s)		Relationship to participant	
	Parent/Legal Guardian (Required for youth only)	PI	Phone(s)		Relationship to participant	
u	Program Title	S	tart Date	Fee	Тах	Total
Program Information						\$
						\$
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gran						\$
Prog						\$ \$
		<u>_</u>				т
Waiver / Release of Liability Credit Card Payment						Card Payment
I agree to hold harmless the South Whidbey Parks & Recreation District, Island County, and South Whidbey School District, and their officials, employees and agents for any and all claims for personal injury and damage in which damage and injury is or appears to be proximately caused by my participation or the participation of the child for whom I am responsible in this recreation program. Furthermore, I hereby consent that images					Credit Card #	
					Name on Card	
(photographs, video recordings, etc.) of me or my child engaged in above activities may be used for promotional purposes.					Exp. Date	3 digit code on back of card
Signature Date					Signature	
OFFICE USE ONLY Method Rec'd By Date Amount Receipt #						