

Perryville Parks and Recreation Department Registration Form

ONE PERSON PER FORM

FOR OFFICE USE ONLY

Check #.....
 Credit Card: MC Visa Discover
 Other..... CASH.....
 Initials..... Date.....

Participant's Name Male Female Birthday.....Grade.....

First/Last Name of Parent/Guardian.....

Address City Zip.....

Phone..... (W)..... (Cell).....

Email.....

Emergency Phone.....

Contact

Please make checks payable to:
 "CITY OF PERRYVILLE"
 Mail to:
 Perry Park Center
 ATTN: Registration
 800 City Park Drive
 Perryville, MO 63775

NAME OF CLASS/ACTIVITY	DAY	TIME	FEE	CLASS CODE For Office Use Only

ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS

I allow child and myself to participate in Perryville Parks and Recreation programs and activities, including transportation provided, and to use Perryville Parks and Recreation facilities including but not limited to the entire aquatics area, weight room, and all equipment on site. I release the City of Perryville and its employees of any liability, claims or demands, which we may have hereafter as a result of my child's and my own participation in programs and activities and use of recreation facilities. I understand that the City of Perryville has no medical insurance for my child or me. I understand there are risks involved with physical exertion and use of recreation facilities, including serious injury. I certify that my child's and my own physical condition are satisfactory to participate in programs/activities. I give my consent to the City of Perryville to take photos/video of my child and me to be used by the City of Perryville for program promotion. I am at least 18 years of age, and verify that all the information provided at registration or on this form is correct. Providing incorrect information including but not limited to date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

Signature..... Date.....