

## Registration Form

**PAYEE INFORMATION:** Fill form out completely (Please print clearly, using blue or black ink)

FIRST NAME:	LAST NAME:		HOME/CELL PHONE:
MAILING ADDRESS:			CELL/WORK PHONE:
CITY:	STATE:	ZIP:	E-MAIL:

PARTICIPANT INFORMATION: FILL FORM OUT COMPLETELY (PLEASE PRINT CLEARLY)

Participant's Name:	BIRTHDAYS	GENDER	GRADE	ACTIVITY NAME	LOCATION	START DATE	TIME	DAY OF WEEK	FEE
JANE DOE (EXAMPLE)	1/25/09	M/F	2ND	SPORTS CAMP	CITY PLAYFIELD	JUNE 9	3:15PM	MWF	\$35
PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO: CITY OF PULLMAN (Do NOT mail cash)						TOTAL		\$	

PAYMENT INFORMATION:	
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CHECK: #		MAKE CHECK PAYABLE TO: CITY OF PULLMAN																	
CREDIT CARD:	0 VISA				0 MasterCard														
CARD #																			
EXPIRATION DATE:																			
CARD HOLDER NAME:																			

## Registration Check List

Required: Participant's Name  
Required: ALL Participant's Birth Dates  
Required: Participant's Gender  
Required: Activity Name  
Required: Start Date and Time  
Required: Payment (Check or Credit Card)  
Required: Sign Liability Waiver at the "X"

**LIABILITY AND MEDICAL RELEASE AGREEMENT:** I, the undersigned adult, on behalf of myself and my child(ren) assume all risks and hazards reasonably related to the conduct of the program, and/or rental or use of any City of Pullman facility. Further, I do hereby release and hold harmless the City of Pullman, its elected and appointed officials and employees, organizer, sponsor, supervisor, contracted facilitator, or any volunteer connected with a program, facility rental and/or use, from any and all claims, injuries, damages, losses and suits, including attorney fees, arising out of or in connection with the program or rental and/or use of a City of Pullman facility. I acknowledge that I have familiarized myself with the description of the activity(ies), rental or use of a facility, and understanding the hazards, myself and my child(ren)'s personal limitations, and knowingly assume all risks. In the event of a medical emergency, I authorize transportation to the nearest appropriate medical facility, and authorize emergency medical care if no one listed on the MIF (Medical Information Form) can be reached. If applicable, I authorize City of Pullman program facilitators, to administer medication to my child as outlined on the MIF form, and release from all liability said facilitators for any injury resulting from the administration of those medications, provided all medications are administered in accordance with the schedule and conditions. In the absence of a signature, payment of fee and participation in the program or use of a facility shall constitute acceptance of the conditions set forth in this release. **PHOTO:** I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Pullman informational or promotional use. **REFUNDS:** All refunds may be subject to a \$10 service fee. (See full refund policy on page 44) **CREDIT CARD/DEBIT CHARGES:** I agree to pay above total amount according to card issuer agreement.

Signature (Participant or Parent/Guardian) X \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Parks & Recreation, 240 SE Dexter, Pullman, WA 99163

**E-mail to: [recreation@pullman-wa.gov](mailto:recreation@pullman-wa.gov) - Fax to: 509-338-3313**