



Arbuckle Parks and Recreation District Registration Form

Name _____ Age _____ Date of Birth _____

Father Name _____ Mother Name _____

Home Phone _____ Work/Cell Phone _____

Address _____

Email Address _____

School _____ Grade _____ M _____ F _____

Years played _____ Shirt size _____
(shirt run small- sizes youth s-xl)

Emergency Information

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Fee _____ Multiple Child Discount: 1 child - \$40, 2 children- \$75, 3 children- \$105

Method of Payment _____ (Please make checks out to Arbuckle Parks and Recreation District)

There are no refunds for programs after the first day. Refunds that are given will have a \$5.00 or 15% sir charge, which ever is less.
There are no make-ups unless something unexpected occurs with the facility or the instructor.

Health Insurance Company _____

Family Physician _____ Address _____ Phone _____

I hereby certify that the above named child is in normal health and is capable of participating safely. I understand that Participants agree to release all liability and hold the Arbuckle Parks and Recreation District harmless. I give my permission for the Above child to participate. I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand that my child participates at his/her own risk.

Parent/Guardian Signature _____

Photo Release: Photos may be taken for publicity purposes only during program events.

Parent/Guardian Signature _____