

REGISTRATION FORM

PLEASE PRINT CLEARLY.

Complete all six steps.

Missing information will delay your registration.

1. ADULT	PARTICIPATION	OR PA	RENT/GUARDIAN	INFO	RMATION			
First & I	act Namo:							
	First & Last Name:							
Street Address:								
City:Zip Code:								
Home P	Home Phone: Work Phone:			Ext Cell Phone:				
Email: _								
				•			•	
	CIPANT INFORMA							
				naa oo o	diani ma			
Class ID#	Program Title	Fee	First and Last Name	Sex	Birth Date (mm/dd/yy)	Grade	Shirt Size (if applies)	Known Allergies
				M				
	:	1		M				
				F M				<u>.</u>
				F				1.00
	2			M F				
				M F			-	
L	Total Payment				J	1		L
YES	_I would like to be a _I would like to be a	n assista	pach for my child's tea ant Coach for my child help with the league	's team	Coaches' S Assistant's Volunteer	Shirt S	ize	
3. PAYME	NT INFORMATIO	N						
	n Fee Amount Paid: Payment: Check#_				Credit Card			
			Received by:					

4. CANCELLATIONS/REFUNDS

Refunds will be given before the first class or meeting of recreation program, unless otherwise noted. There will be a \$5.00 service charge due to participant cancellation (per participant/per occurrence), unless otherwise noted. Exceptions: If Nevada Parks and Recreation cancels a program due to the minimum registration not being met, full refund will be given. Pro—rated amounts will be refunded to participants if a class is cancelled by Nevada Parks and Recreation after it has begun. If a participant experiences a medical problem which prohibits program participation, the refund will be a prorated amount based on the number of sessions remaining in the program.

I agree and understand the afore mentioned cancellation and refund policy . (please ini	lagree and	understand the afore	mentioned	cancellation and	refund policy	. (please ini	tial
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5. CONSENT AND RELEASE

IN CONSIDERATION of being given the opportunity to participate in the Recreation program (hereinafter referred to as "the Activity"), on behalf of myself, heirs, dependents, assigns and personal representatives, THE UNDERSIGNED 1. HEREBY COMENANTS NOT TO SUE AND RELEASES, WAIVES, DISCHARGES the Releasees ("Releasees" are defined as the City of Nevada and the Nevada R-V School District; members, officials, and any other employees, personnel or volunteers of the City of Nevada and the Nevada R-V School District) from all liability to THE UNDERSIGNED for any or all losses or damages and any claims demands herefor on account of injury to the person or property or resulting in death THE UNDERSIGNED, whether caused by the negligence of the Releasees or otherwise while THE UNDERSIGNED is participating in the Activity;

2. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the Releasees or otherwise while participating in the Activity; and

HEREBY AGREES TO HOLD HARMLESS AND INDEMNIFY Releasees for any liability sustained by Releasees as a result of any negligent, willful or intentional acts of THE UNDERSIGNED, including any costs, expenses or attorneys fees incurred as a result of such acts.

THE UNDERSIGNED consents to and authorizes Releasees to photograph and/or videotape THE UNDERSIGNED while participating in the Activity. THE UNDERSIGNED waives any and all rights to such photographs and/or videotapes and waives any and all rights to privacy of the images captured on such photographs and/or videotapes.

THE UNDERSIGNED expressly agrees that the foregoing Consent and Release is intended to be as broad and inclusive as is permitted by the law of the State of Missouri and that if any portion of this Consent and Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THE CONSENT AND RELEASE, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature		
Name (please print)	Staple Receipt Here	
Date Signed	in the second of	
Does your child have any current condition	ns that limit his/her ability to participate in the activity? YES _	NO
If "YES" please explain and identify any mo	odifications that would enable your child to participate:	

6. RETURN TO:

Nevada Community Center 200 N. Ash Nevada MO 64772

