

e-mail _____

CITY OF PERRY PARKS & RECREATION DEPARTMENT REGISTRATION FORM

Fill out all information (Please Print)

Child's Name _____ Sex: Male _____ Female _____
Last First Middle

Date of Birth _____ Age _____ Home/Cell Phone _____
Month/Day/Year

Address _____ City & Zip Code _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Person other than parent for emergency contact _____ Phone _____

Please list any medical condition that we need to be aware of _____

I acknowledge that the Perry Recreation Department does not carry insurance on participants in programs. Being aware of this situation and acknowledge that participation in any activity involves a certain degree of risk or injury, I hereby release and hold harmless the Perry Recreation Department, their Board of Directors, employees, coaches, instructors, officials and volunteers from any and all liability arising out of any injuries suffered by the above said participant during this activity. I give my permission for my child to be taken to the nearest emergency room in the event of an injury. I further agree to abide by the policies and procedures of this department.

****Note: NO REFUNDS**

Signature _____ Date _____

For office use only

Program _____ Age _____ Fee pd _____ Receipt # _____ Shirt Size _____ Shorts Size _____