PROGRAM REGISTRATION FORM

Mail registration form with check payable to SWPRD, 5475 Maxwelton Rd., Langley, WA 98260.

You can also register online at www.swparks.org with no extra fees!

	Name (First, Last)	Best Phone	Check:	()Home ()Work	Alternate Phone	Check:	•) Home) Work				
	Address	City		() Cell State	Zip	Gender	-) Cell				
Info	Email(s)	Check here to receive our e-newsletter		Height (Basketball only)	Shirt size (if applicable):	Youth: Adult:						
oant	Please list any health, behavioral or medical concerns.											
Participant Info	Parent/Legal Guardian (At least one required for youth)	Phone(s)	Check:	() Home () Work () Cell	Relationship to participant							
	Parent/Legal Guardian (At least one required for youth)	Phone(s)	Check:	() Home () Work () Cell	Relationship to participant							
	Alternate Emergency Contact	Phone(s)			Relationship to participant	Authorize	ed to pic Yes	k up child: ☐ No				
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	Program Title		Date	or Session	Dates	Start Time	ı	ee				
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Program Info							\$					
grai							\$					
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							\$					
		Please consider donation	ng to the	youth recreat	tion scholarship fund. Your dor	nation:	\$					
		Waiver / Release of Lia	bility									
I agree to hold harmless the South Whidbey Parks & Recreation District, Island County, and South Whidbey School District, and their officials, employees and agents for any and all claims for personal injury and damage in which damage and injury is or appears to be proximately caused by my participation or the participation of the child for whom I am responsible in this recreation program. Furthermore, I hereby consent that images (photographs, video recordings, etc.) of me or my child engaged in above activities may be used for promotional purposes.												
PRII	PRINT NAME SIGNATURE			DATE								
(OFFICE USE ONLY Date	Rec'd By	N	lethod	Amount		Receip	t #				