## PROGRAM REGISTRATION FORM

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

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

	Participant Name (Last, First)		Best Phone	Check:	` '	Alternate Phone	Check:	, ,
					()Work ()Cell			()Work ()Cell
	Address		City		State	Zip	Gender	Birthdate
υfo	Email(s)		Check here to receive our e-newsletter		Height (Basketball only)	Shirt size (if applicable):	Youth:	S M L S M L XL 2X
ant lı	Please list any health, behavioral or medical concerns.							
Participant Info	Parent/Legal Guardian (At least or	ne required for youth)	Phone(s)	Check:	( ) Home ( ) Work ( ) Cell	Relationship to participant		
	Parent/Legal Guardian (At least or	ne required for youth)	Phone(s)	Check:	( ) Home ( ) Work ( ) Cell	Relationship to participant		
	Alternate Emergency Contact		Phone(s)		. ,	Relationship to participant:	Authorize	d to pick up child:  ☐ Yes ☐ No
							Start	
0	Program Title		Session		Date	Time	Fee	
								\$
Program Info								\$
Œ								\$
gra								\$
ro								\$
								\$
	Please consider donating to the youth recreation scholarship fund. Your donation: \$  TOTAL \$							
							IOIAL	Ş
Waiver / Release of Liability								
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.								
PRINT NAME SIGNATURE						DATE		
OFFICE USE ONLY Date			Rec'd By	Method		Amount	Receipt #	