



PROGRAM REGISTRATION FORM

P.O. Box 26 • 401 N. Madison, Rm. 18 • Spring Hill, KS 66083
Phone: (913) 592-2214 • Fax: (913) 592-2910 • Website: www.springhillrec.org

| Name of Activity, Program or Sport | Session |
|------------------------------------|---------|
| | |

Participants Name: _____ Date of Birth: ___ / ___ / ___

GRADE: _____ Male Female AGE _____

Parent(s) Name: _____ Date of Birth: ___ / ___ / ___

Street Address: _____ City: _____ Zip Code: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Parents, PLEASE would you help? Coach: _____ Assistant Coach: _____

Special Requests/ Additional Team Members: _____

Emergency Authorization: The undersigned parents of the above named participant hereby authorize the coaches, assistant coaches, parents of team members acting as activity supervisors or vehicle drivers, or Spring Hill Recreation Commission (SHRC) officials as agents for the undersigned to consent to emergency treatment of our minor child, the above named participant, as indicated below:

_____ In case of emergency, I (we) authorize treatment at any hospital

_____ In case of emergency, if I (we) cannot be reached, please contact

_____ (_____) _____ - _____

_____ Other instructions: _____

Waiver and Consent Statement: I understand that by participating in these activities, I, my child or my dependent, accept the risk that injuries, damages, or even death may occur. In consideration of myself, my child or my dependent being allowed to participate in the Programs operated by the Spring Hill Recreation Commission (hereinafter "programs"). I forever release and hold harmless of myself, my heirs, executors, administrators, or assigns the Spring Hill Recreation Commission, any of it's employees, agents, representatives, coaches and volunteers from any and all liability for any injury, accident, illness, death, damage, loss or damage to personal property or any other loss of any kind suffered as a result of or in connection with me, my child or my dependent's participation in the Programs. Also, I understand that this activity may entail physical exertion; therefore a physician has approved the participation of my dependent or myself in this activity.

Accommodation Statement: If you require any accommodations in order to safely participate in this activity, please notify the SHRC at (913) 592-2214. Forty-eight (48) hour advance notice is required.

I HAVE READ AND UNDERSTAND THE WAIVER AND ACCOMMODATION STATEMENTS.

X _____ Date: _____

Signature of Parent/Guardian

"Office Use Only"

Received By: _____ Date Received: _____ Time Received: _____

Cash: _____ Check: _____ Credit Card: _____