

RECREATION PROGRAM REGISTRATION FORM

Participant Name _____ Date of Birth _____ Male/Female _____

Address _____ Phone (home) _____ (cell) _____

Email _____ Grade _____ Age _____

PROGRAM	CODE	FEE	PROGRAM	CODE	FEE

IMPORTANT – PLEASE READ – HOLD HARMLESS RELEASE FORM

I hereby grant permission for myself and/or child to participate in the Sparta Recreation Department program noted above. I waive and release all rights and claims for damages against the Sparta Recreation Department and their employees and agents for any and all injuries, which may be suffered by the herein named minor or myself while participating in the program. Inherent in outdoor activities are the risk of cut, bruises, sprains, hypothermia, or concussion. I also give permission for the Sparta Recreation Department to make non-commercial use of any activity photographs of my child/myself.

SIGNATURE: _____ DATE: _____
 (Signature of participant or parent of minor under 18)

PLEASE CLEARLY PRINT PRIMARY GUARDIAN NAME _____

(Full Payment must be made when registering by mail, fax or in person. Make check payable to Sparta Recreation)

Please fill out the following for mail-in or faxed registrations only. TOTAL \$ _____

Please select payment option: Check or Money Order: Check # or M.O. # _____ Cash (in-person registration only)

Visa MasterCard **Print** Name on Card _____ Zip Code _____

Account # _____ Exp. Date _____ 3 digit Pin# _____

Signature of Card Holder _____

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