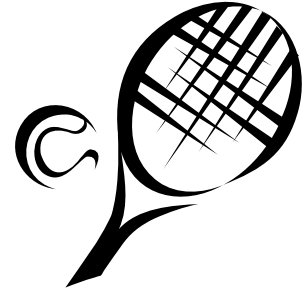


CITY OF COLVILLE REGISTRATION FORM FOR RECREATION PROGRAMS

Colville Recreation Department

356 E. Dominion
Colville, WA 99114
509-684-6037
www.colville.wa.us



Scholarship program

If you or someone you know has a child who would like to participate in a program but cannot afford to pay the registration fee, we have scholarships available. Need is based on previous year's income and parent will be required to volunteer time at one of our programs. Contact us for more information and a scholarship application.

Adult name				Home Phone		
LAST		FIRST		Work Phone		
Address				Cell/Emergency Phone		
MAIL		EMAIL				
CITY	STATE	ZIP CODE	In city limits? Y N			
Participant Name	M/F	Age	Shirt size	Medical Problems	Program	Fee
<i>Make checks payable to CITY OF COLVILLE</i>						
T-SHIRT SIZES YS YM YL AS AM AL AXL		Are you willing to COACH / ASSIST ?		Program name _____		

Mail or bring registration form and payment to: Colville Recreation Department, 356 E. Dominion, Colville, WA 99114 (509) 684-6037

RELEASE & INDEMNIFICATION AGREEMENT

I am the above-named Participant, am eighteen years of age or older, and/or I am the Parent/Guardian of the above-named Participant(s) who is/are under eighteen years of age, and I am fully competent to sign this Agreement.

I give permission for Participant(s) to participate in all activities. I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the City of Colville, its employees, organizers, sponsor(s), supervisor(s), or any volunteer(s) connected with the program, from any liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in all activities of the program(s). I further agree to indemnify and hold harmless the City of Colville, its employees, organizers, sponsor(s), supervisor(s), or any volunteer(s) from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

In case of injury or illness, I give permission for the above-named child to be transported to a local facility and receive emergency medical treatment.

Signature of Parent/Guardian if participant is under 18

Signature of Participant if 18 or over

Date Signed

For Office Use Only: Amt. pd. _____ Rec# _____ Date _____ Team _____