



# PROGRAM REGISTRATION FORM (ADULT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Program: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female SHIRT SIZE: \_\_\_\_\_ (AS; AM; AL; AXL; AXXL)

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_ understand there are inherent risks involved with participation in recreation activities and do hereby knowingly and willingly consent to participate in the above mentioned program. In consideration of the acceptance of the above entry as a member of the program conducted by the Fulton Parks and Recreation Department, I do hereby waive, release and forever discharge any and all rights and claims for damages, which may hereafter accrue to me against the Parks and Recreation Department of the City of Fulton, and their representatives or successors, and/or arising out of travel to and return from said activities conducted through the year.

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

### FORMS SHOULD BE RETURNED TO:

#### **PARKS AND RECREATION DEPARTMENT**

**808 State Street**

**FULTON, MO 65251**

**PHONE: 573-592-3190**

**FAX: 573-592-3199**

**Forms may be placed in the Drop  
Box at Legends Rec-Plex.**

*The City of Fulton Parks & Rec Dept has a scholarship program available and we encourage people of all income levels to participate in our programs.*

*The Parks & Recreation Dept. also welcomes people of all abilities to participate in its programs We will make all reasonable efforts to include people of all ability or skill levels.*

--- FOR OFFICE USE ONLY ---

Registration Fee Paid: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

Received By: \_\_\_\_\_

Method of Payment:  Check  Cash  Debit / Credit  Scholarship  
 3% Credit Fee

Date: \_\_\_\_\_