



PROGRAM REGISTRATION FORM (YOUTH)

Last Name: _____ First Name: _____ Program: _____
 Birthdate: _____ Age: (as of Aug. 1) _____ Grade: _____ Gender: Male Female
 School: _____ Experience (years) _____ SHIRT SIZE: _____ (YS, YM; YL; AS; AM; AL; AXL; AXXL)
 (Shirts tend to shrink - please order accordingly)
 Address: _____
 Parent 1 Name: _____ Parent 2 Name: _____
 Email: _____ Email: _____
 Day Phone: _____ Phone: _____
 Evening Phone: _____ Phone: _____

PARENTAL RELEASE AND HOLD HARMLESS AGREEMENT

I, as a parent, pledge to demonstrate good sportsmanship and agree to abide by all Parks & Recreation rules and regulations. Those failing to do so will forfeit their child's participation in the program.

I/we the parent(s)/guardian(s) of the above named player understand there are inherent risks involved with participation in recreation activities and do hereby give permission for him/her to participate in any and all activities during the named 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 parent/guardian _____ Date: _____

Relationship to participant: _____

VOLUNTEERS

I am interested in volunteering to assist with this program. If I can be of any assistance, please contact me.

Name: _____ Phone: _____

FORMS SHOULD BE RETURNED TO:

**PARKS AND RECREATION DEPT.
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 _____ Date: _____
 _____ 3% Credit Fee