

REGISTRATION FORM

(One form per participant)



Participant's Name _____ Date of Birth _____ M _____ F _____

Parent/Guardian (if participant is under 18 yrs old) _____

Address _____ Main Phone _____
(Street) (City) (Zip)

E-Mail Address _____ Cell Phone: _____ Provider: _____
(E-mail address will remain with Hutch Rec) (Provide cell provider if you would like to receive text updates)

Activity #	Activity Name	Activity Date	Activity Fee

How did you hear about this program? (Check all that apply)

Past Participant Activity Guide Friend Email Radio Flyer Web site Newspaper

Please also complete the boxed section if you are enrolling for a youth TEAM sport:

School _____ Grade _____ Boys age on May 1st _____ Girls age on January 1st _____

Coach Request _____ Parents, will you be a volunteer coach? YES _____ NO _____

If yes, daytime phone # _____ Shirt Size: Youth 2-4 _____ 6-8 _____ 10-12 _____ 14-16 _____

Shirt Size: Adult SM _____ MD _____ LG _____ XL _____ XXL _____

RELEASE: I understand that injuries are a natural part of many recreation activities. In consideration of the permission granted, by Hutch Rec, to participate in above activity, I release Hutch Rec, its agents and employees from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against it and other above-described parties, for all personal injuries known or unknown which has or may incur by participating in the above-described activity.

MODEL RELEASE: The undersigned and participant authorize Hutch Rec to use at its discretion any photograph(s) and/or video(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) and/or video(s) or reproductions thereof.

MEDICAL RELEASE: In case of a medical emergency and I cannot be contacted, I give my permission for a Hutch Rec representative to act in my place and to make medical decisions concerning emergency treatment for the participant.

CONDUCT: The undersigned and participant agree to abide by all policies and guidelines set forth by Hutch Rec regarding this program and violations could result in being expelled from activity with no refund. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

List any medical/physical conditions or food allergies, if any: _____

Print Name _____ Signature _____

Parent/Guardian must sign release is participant is under 18 yrs old

**Hutchinson Recreation Commission 17 East 1st Avenue, Hutchinson, KS 67501 Telephone: (620) 663-6179
Fax: (620) 663-5111; E-mail: hutchrec@hutchrec.com; Website: www.hutchrec.com**

Receipt #: _____ Date: _____ Amount Paid: _____

Checks payable to Hutch Rec: Check # _____ -OR- Visa/MC/AmEx CC# _____ Exp: _____

