



Hays Recreation Commission General Registration Form



Please write in the activities you are participating in:

CLASS NAME	SESSION/DATE OF CLASS	COST

(you are not limited to the space above feel free to use the back of this form)

Mark these dates on your calendar , you will not receive any additional notification on this class unless they are canceled or changed.

Participant Name _____ T-Shirt Size: _____
 Male _____ Female _____ Age _____ Date of Birth _____ Grade _____
 Home # _____ Work #: _____ Cell # _____
 Address/City/State/Zip _____
 Family E-mail: _____
 List medical conditions or food allergies if any _____

Emergency Contact: Please list someone (other than Parent/Legal Guardian if participant is under 18) who can be contacted in case of emergency.

Name _____ Relation: _____
 Home # _____ Work #: _____ Cell # _____
 Address/City/State/Zip _____

IF PARTICIPANT IS UNDER THE AGE OF 18:

Mom/Primary Guardian Name: _____
 Home Address if Different: _____
 Home # _____ Work #: _____ Cell # _____

Dad/Secondary Guardian Name: _____
 Home Address if Different: _____
 Home # _____ Work #: _____ Cell # _____

Who does the child live with: Both Mom Dad Other _____

The undersigned, understands that injuries are a natural part of many recreation activities and agrees to indemnify, hold harmless and release the Hays Recreation Commission (HRC) their agents and employees from any and all liability for any injury which may be suffered by the above named individual(s) registered in this activity arising out of or in any way connected with participation in this activity. The undersigned and participant authorize the HRC to use at its discretion any photograph(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) or reproductions thereof. I have read the above statement, understand and agree to the conditions set forth. I agree to abide by all policies and guidelines set forth by the HRC regarding this program.

Signature _____ Date _____
 Participant (must be 18 or older) Parent/guardian (for all participants under 18)



**Return this form to:
 Hays Recreation Commission
 1105 Canterbury Drive * Hays KS 67601**

