

# REGISTRATION FORM

*(Registrations received after 4 p.m. will be posted the next business day.)*



Name of Parent/Guardian the child lives with \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alt Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

**Registration Information**

First Name	Last Name	Gender M/F	Shirt Size	Birth Date	Program Name	Fee

**Total Fee** \_\_\_\_\_

**KY State Sales Tax - Total Fee x 6%** \_\_\_\_\_

**Would you like to add \$1 or more to help another child through our Scholarship fund, add that total here.** \_\_\_\_\_

**Total Payment** \_\_\_\_\_

**Refund Policy**

*A refund may be issued, minus an Administrative Fee, via a check or household credit if the request is made at least 2 business days prior to the start date of the program, event, or activity. After the first meeting or the beginning date of the program if you are in any way dissatisfied with our program, only a household credit will be given. Please allow 2-3 weeks to receive your refund in the mail. All household credits must be used within 365 days of being applied to an account.*

**Statement of Release**

I/We agree to indemnify and hold harmless the City of Owensboro, its officials and employees, from and against any and all claims, suits, actions, damages and/or causes of action, brought by any person, or other entity, arising out of participation in this activity, for any personal injury, loss of life and/or property damage or loss, and from all costs, expenses and liability incurred, or order or judgment entered, as a result of any such claim, the investigation thereof or the defense of any action, including attorney's fees. I/We further acknowledge that by signing this release, I/We voluntarily assume the risk of a pandemic or contagious disease as a result of participation, and any resulting personal injury, illness, permanent disability, and death as a result thereof. I also give permission for treatment of any injury and/or illness in the event of an emergency and I am unable to give consent. A copy of this authorization shall be as effective as the original.

**BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENT.**

**Signature of Participant or Parent/Guardian if under 18 years of age** \_\_\_\_\_

**Name of Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Health Insurance Coverage by** \_\_\_\_\_

**Disclaimer Photo Policy** - I hereby consent and authorize the City of Owensboro, the Owensboro Parks & Recreation Department, its officials, employees, and agents to reproduce photographs or video taken for advertising and public relations of the individuals listed in this Statement of Release. A copy of this authorization shall be as effective as the original.

**Accessibility – Reasonable Accommodations Policy**

It is the intent of Owensboro Parks & Recreation to make all programs and facilities accessible to individuals with disabilities. If an accommodation is necessary for a patron's participation, please advise Owensboro Parks & Recreation staff of the needed service and/or accommodation in advance or at the time of registration by contacting our office at 270-687-8700. We will make every reasonable accommodation possible to serve all citizens.

*Do you believe your child will need Reasonable Accommodations?*      Yes      No

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Staff will contact you about requested Reasonable Accommodations.

**Mail to:**

Owensboro Parks & Recreation Dept.  
 1530 McJohnson Ave.  
 Owensboro, KY 42303  
 Attention: Registration

**Make check payable to: City of Owensboro**

This Section must be filled out if you are using VISA, MASTERCARD or DISCOVER.

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Account Number

Cardholder Name \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount of Charge \_\_\_\_\_

Authorized Signature/Approval # \_\_\_\_\_