

Chanute Recreation Commission
General Registration Form

Participants Name: _____

Parents Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ School/Grade: _____

Emergency Contact-Name & Phone Number: _____

Participant Name	DOB	Class/Activity	Session	Day/Time	Shirt Size	Fee
						\$
						\$
						\$
						\$
Total: \$						

Please Make Checks Payable to: **Chanute Recreation Commission**

Return Completed Form To: **Chanute Rec. Commission 400 S. Highland Suite 2 Chanute, Kansas 66720**

WAIVER: In consideration of the Chanute Recreation Commission permitting the above listed participants in its program, I hereby agree to assume all of the risks of injury to or death of the participants associated with the program. I agree to release and hold harmless the Recreation Commission, it's employees, agents, representatives, coaches & volunteers from any and all claims that the enrolled or his/her heirs, executors, administrators or assigns may have or claim to have resulting from his/her participation in the program.

PHOTO PERMISSION: We the parents or participating individual do hereby grant permission for pictures to be used in publicity or brochures related to Chanute Recreation Commission.

Parent/Guardian/Signature: _____ Date: _____

For Recreation Use:

Payment: _____ Date: _____ Receipt #: _____