

| □Cash □MC □VS □D □Check# | FOR RECREATION USE ONLY |
|--------------------------|-------------------------|
| # Registrar              | Date                    |
| Loc                      |                         |

| 'ES □NO   | OGRAMS? 🗆 Y   | ESE PR   | TE IN TH   | RTICIPAT  | S TO PA   | OMMODATION   | CIAL ACCO   | DO YOU NEED SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THESE PROGRAMS? <b>I YES INO</b> If Yes, please explain.   |
|---|---|--|--|---|---|--|---|---|
|   | cover   | □Discover  | □Visa  | □ MasterCard  |   | ı <b>wrence</b> ) □ Cash   | le to: City of La   | METHOD OF PAYMENT  ☐ Check or Money Order (Payable to: City of Lawrence)  |
| REGISTRATION INVALID WITHOUT SIGNATURE  | REGISTRATION INV  |  |  |   |   |  |   | Please Print Name   |
| Date  | Da  |  |  |   |   |  |   | Signature Required  |
|   | JND POLICIES  | AND REFU   | ISTRATION  | /AIVER, REG   | AND THE W   | I HAVE READ AND UNDERSTAND THE WAIVER, REGISTRATION AND REFUND POLICIES  | I HAVE RE   |   |
| ness that I (or my child/children) may suffer as and losses sustained by me (and/or my child/srsonnel any treatment deemed necessary for as a result of misuse by me (and/or my child) use at its discretion any photograph(s) (black/For faxed registration, signature provided by | g from accident, injury and illn ulting from injuries, damages a spital, physician or medical pequipment or materials occurs icipant(s) authorize the City to is not valid without signature. | Il liability arisin dall claims resuld all claims resuny licensed hour license hour licensed hour licensed hour licensed hour licensed hour li | s, from any and a yees from any an yees from any an s to secure from a f any damage to the undersigned a y electronic mear | awrence, Kansas awrence, Kansas and its employ orize City officials vices rendered. It nt needed. Also, that needed in print or by hin. | rge the City of I<br>Lawrence, Kans<br>mergency, I auth<br>d all medical ser<br>id/or replaceme<br>tivities for mark<br>waiver here wit | , I hereby release and discha<br>nd hold harmless the City of<br>the activity. In the event of er<br>sible for payment of any and<br>for payment of any repairs ar<br>for payment of any repairs ar<br>and will represent consent of | ipation in this activity agree to indemnify agree to indemnify way associated with way associated with the trasponsible participants while participants while barding II be held as binding | In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas, from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Lawrence, Kansas and its employees from any and all claims resulting from injuries, damages and losses sustained by me (and/or my child/children) arising out of, connected with or in any way associated with the activity. In the event of emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within. |
|   |   |  |  |   |   |  |   |   |
|   |   |  |  |   |   |  |   |   |
|   |   |  |  |   |   |  |   |   |
| Fee Start Date  | Class Name  | Sec  | Class Code   | Sex<br>M/F  | Birth Date  | Participant's Last Name  | Particip  | Participant's First Name  |
| scholarship fund. Amt: \$   | SC  |  | Phone  |   |   |  |   | Secondary/Emergency Contact _   |
| a donation to the LPRD  | a   |  |  |   |   |  |   | E-mail  |
| ☐ YES! I would like to make   |   |  | Cell   |   |   | Work Phone   |   | Home Phone  |
| State ZIP   | St  |  | City   |   |   |  |   | Address   |
| Sex □ Male □ Female   |   |  |  |   |   |  |   | Name  |
|   |   | NO   | RMATIO   | HOUSEHOLD INFORMATI   | SEHOL   | HOUS   |   |   |
| RegistrarLoc  | Y Date<br>□ Check #Re   | □D □C  | ATION USI  | FOR RECREATION USE ONLY   | _ <del>_</del> _ <del>_</del> _ <del>_</del> _  | ACTIVITIES REGISTRATION  Lawrence Parks and Recreation 115 W. 11th St., Lawrence, KS 66044 (785) 832-7920  | ACTIVITIES<br>Lawrence P<br>115 W. 11th St.,<br>(785  | Lawrence  |