



WAUKEE PARKS & RECREATION REGISTRATION FORM

Participant Name	Address	
City	State	Zip
Day Phone	Evening Phone	Cell Phone
Emergency Contact Name	Emergency Contact Phone	
E-Mail	Special Medical Attention	

Release and Waiver

The Undersigned, individually and as parents and/or guardians of the above-named participant, hereby give my/our consent to my/our participation in all activities of the Waukee Parks and Recreation programs during the current session. I/We assume all risk and hazards incidental to such participation, including, but not limited to, any and all injuries that may occur through participation and associated transportation. I/We are fully aware of the potential injury or damage, which may occur as a result of Participant's participation in such activities and associated transportation. I/We hereby waive, release, and absolve the City of Waukee, the City of Waukee Park and Recreation Committee, local organization of volunteers and sponsors, supervisors, participants and persons transporting the above-named to and from activities, from any all damages related in any way to our Participation in said activities and associated transportation.

INDEMNIFICATION AND HOLD HARMLESS

The undersigned, individually and/ as parents and/or guardians of participant, hereby agree to indemnify and hold harmless the City of Waukee, the City of Waukee Park and Recreation Committee, their employees, officers and contractors, local organization of volunteers and sponsors, supervisors, participants and persons transporting participants to and from activities, against any and all claims, demands, or suits in any way related to damages or injuries the above referenced participant may sustain through or in anyway related to participant's participation in such activities and associated transportation regardless of the cause of such injury or damage without limitation.

Signature of Participant or Parent/Guardian if Minor	Signature of Participant or Parent/Guardian if Minor	Date
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I do not want my child's photo to be used on the Waukee Parks and Rec web site or in any Waukee Parks and Rec brochures and materials.

Participant Name	Grade	Sex	Birth Date	Age	T-shirt Size	Program #	Program Name	Fee

Make checks payable to Waukee Parks and Recreation
Mailing Address: 805 University Ave., Waukee, IA 50263

Cash	Check #
Received	Received by