



ADDRESS: 700 N. JEFFERSON JUNCTION CITY, KS 66441

PHONE: 785-238-3103

ACTIVITY REGISTRATION FORM

NAME: _____ DATE: _____

PARENT'S NAME (IF 17 OR UNDER): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____ DOB: _____

EMAIL: _____

PROGRAM NAME: _____

TEAM NAME (IF APPLICABLE): _____

ADDITIONAL PROGRAMS: _____

SIGNATURE: _____ DATE: _____

(OR PARENT IF UNDER THE AGE OF 18)

BY SIGNING THIS YOU AGREE THAT AS A PARTICIPANT YOU ASSUME ALL RISKS ASSOCIATED WITH THE ACTIVITY OR PROGRAM FOR WHICH YOU ARE REGISTERING. THE CITY OF JUNCTION CITY AND JUNCTION CITY RECREATION DEPARTMENT IS NOT RESPONSIBLE FOR ANY INJURIES OR DAMAGES WHICH MAY BE SUFFERED BY ME (OR CHILD, IF UNDER 18) WHILE PARTICIPATING IN THIS ACTIVITIE(S).

PLEASE RETURN THIS FORM TO 12TH STREET COMMUNITY CENTER @ 1002 W. 12TH STREET. FOR MORE INFORMATION ABOUT PROGRAMS OR FEES PLEASE CALL 785-238-PLAY.

FOR OFFICE USE ONLY

DATE: _____ TIME: _____ AMOUNT: _____

RECEIVED BY: _____