



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: \_\_\_\_\_