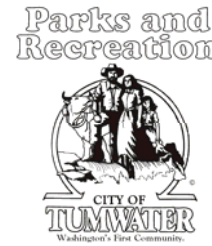


# Tumwater Parks & Recreation

## Program Registration



Official Use Only
Date: _____
Rept #: _____

**Primary Contact Person:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Participant's Name	Class Name	Date of Birth	Male/Female	Fee
1.				
2.				
3.				
<b>Please make checks payable to: Tumwater Parks &amp; Recreation</b>				<b>Total</b>

**NON-DISCRIMINATION POLICY**

The City of Tumwater prohibits sex discrimination in the operation, conduct, or administration of community athletics programs for youth or adults. Third parties who receive leases or permits from the City of Tumwater for a community athletics program are also prohibited from discriminating on the basis of sex. In addition, the City of Tumwater does not discriminate on any other basis protected by federal or state law, including race/color, creed (religion), national origin, sex, disability, use of a guide dog or service animal by a person with a disability, HIV/AIDS or hepatitis C status, sexual orientation/gender identity, or honorably discharged veteran and military status. If you have questions, wish to file a complaint, or if you require a reasonable accommodation for a disability, contact Dave Nickerson at 360-754-4160.

**RELEASE OF LIABILITY**

I agree to hold harmless, indemnify, and defend the City from all claims that might be filed against the Parks Department or the City of Tumwater, its hired or contracted instructors, their employees or agents, for any and all injuries or losses that may be suffered because of my participation or my child's or children's participation in the above activity offered by the Parks Department of Tumwater, in consideration of permission of the City to participate in the activity. I consent to my child's participation in the activity/program of the Parks Dept. and authorize the City and its employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other conditions, which would interfere with his/her participation. I give my permission to have my photo or the photo of my child or children taken during classes and used for publicity purposes by the Parks Department.

**Signature of participant (18 years or older):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note: Some programs require specific registration forms. Ask staff for details!**