Registration Form

City of Talent Parks and Recreation Department One Registration Form per child

Cancellation – Program will be cancelled if minimum enrollment is not met.

Refunds-Full Refund for programs canceled by City of Talent.

-Full refund less \$5.00 Administration fee if canceled by applicant at least one business day prior to first class

Out of City Registration- an additional \$5 will be added to program fee.

Scholarship – Limited scholarship available to qualified applicants.

Participant Name			Age		
Parent/Guardian/Head of Ho	usehold Name				
Street Address		City		Zip	
Mailing Address		City		Zip	
Telephone Number	A	Iternate Number			
Email Address					
Emergency Contact		Emergency	Number		
Activity Name 1.			Date(s)		Fee
2.					
1					
5					
			Total Fee		
Please Read and Initial For myself, my heirs, a activities sponsored by Talent Palent Parks and Recreation, its liability, or expense, including a accident, or illness, I understand for any necessary transportation medical treatment or ambulance involve risks, both inherent and and/or death, which may result. Photograph Release: I consent to publicizing Talent Parks and Research and Research Parks and Researc	officers, agents, employees, attorney's fees, that may direct that the City is not responsible in the event of an accident or fees, which are incurred on rotherwise. I agree to accept the other use of any photograph to	ive, release, and forever deand any other involved methy or indirectly result froble for providing medical emergency. I also agree my behalf of my child. I use full responsibility and	lischarge any clair unicipalities or pu m my participatio treatment, and I a to be the party re nderstand Talent risks of participat	m against the City of ablic entities for any on. In case of an emouthorize the City to sponsible for the coparks and Recreation, including any in	f Talent, loss, ergency, arrange sts of on activities njuries
By signing below I fully a	gree to the terms and con	ditions outlined abov	ve and I am 18	years of age or o	lder:
Signature (parent/guardian if participant is under 18)			Date		
	Offic	cial Use Only			
Paid By: Cash Checks	# Credit	Receipt#	Date:	Received By	