

ACTIVITY REGISTRATION FORM

PARTICIPANT INFORMATION *(Please Print)*:

Name: _____

Age: _____ Date of Birth: _____ Sex (circle one): **M** **F**

Grade: _____ Elem. School District: _____

Parent/Guardian Name (If Participant is under 16): _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Work Phone: _____

E-Mail: _____ Other Phone: _____

ACTIVITY INFORMATION:

Activity Enrolling In: _____ Session: _____

Level: _____ Time: _____

Circle Participant's Shirt* Size: (Youth: **S M L**) (Adult: **S M L XL**)

*Not all activities will receive a shirt.

INCLUSION STATEMENT

The City of Stillwater Parks and Recreation Department is committed to an inclusive approach to recreation. Inclusion refers to a philosophy that goes well beyond non-discrimination and takes a proactive approach to including all people in all programs and services. If you have a need for reasonable accommodations and/or financial assistance, please call Parks and Recreation at (405)747-8070.

RELEASE OF CLAIM FOR PERSONAL INJURY AND PROPERTY DAMAGE

The undersigned agree that the City of Stillwater and the Parks and Recreation Department or any of its agents, agencies, boards or staff, shall be released from liability, claims, or demands whatsoever in the event of any accident or injury to said participant resulting directly or indirectly from their participation in a City of Stillwater Parks and Recreation program or activity.

PERMISSION TO USE PHOTOGRAPH

I grant the City of Stillwater, its representatives and employees the right to take photographs of me and my property in connection with the above-identified activity. I authorize City of Stillwater, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that City of Stillwater may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

_____ Initial here to opt out of photo release.

Participant Signature (Or parent / legal guardian if under age 16)

_____ Date