

PARTICIPANT REGISTRATION FORM

Noblesville Parks & Recreation Dept.
 Mail to: 701 Cicero Road, Noblesville, IN 46060



Use this space for information about the parent or guardian or person responsible for those registering for the event. The person below is the one who will be contacted in case of problems with registration or emergencies.

HOUSEHOLD NAME _____ Cell Ph/Pager:(_____) _____

Email Address: _____

Street Address: _____ Home Ph:(_____) _____

City: _____ State: _____ Zip Code: _____ Work Ph:(_____) _____

Emergency Contact: _____ Relationship: _____

Phone:(_____) _____ Alternate Phone:(_____) _____

Payment: *(Registration cannot be made without payment)*

- Cash
- Check - made payable to **Noblesville Parks & Recreation Dept.**
- Visa, Mastercard, or American Express Credit or Debit Card

(one household only per form)

Participant Name	Male/Female	Birth Date	Grade in Fall	Event Code	Program//Event	Event Date/time
1.						
2.						
3.						
4.						

Will the participant benefit from an accommodation due to health, physical, social, cognitive, and/or behavioral needs? Yes No (please circle one) If Yes, you will be contacted by the Parks staff for further information. We do require at least two weeks notice for accommodation requests.

Allergies: Bee Stings _____ Peanuts _____ Other Allergens _____

Medications: _____

Have you previously participated in this event/program? Yes _____ No _____

If your first time, how did you hear of this program? _____

WAIVER STATEMENT (MUST BE SIGNED) and PHOTO RELEASE:

I recognize that because of the potentially hazardous nature of this activity that an injury might be sustained. In the event of such an injury to participant(s), if my spouse or I cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the City of Noblesville, the Noblesville Parks and Recreation Department, its employees, agents, and assigns from responsibility for any personal injuries and/or damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators.

I give Noblesville Parks and Recreation Department permission to use photographs of myself and/or those registered, if minors, in Noblesville Parks and Recreation promotional materials.

1st Participant Signature _____ Date _____

2nd Participant Signature _____ Date _____

Parent/Guardian Signature (for minors) _____ Date _____