

## ***Des Moines Park & Recreation Registration Form***

<b>REGISTRATION IS ON A FIRST COME, FIRST SERVED BASIS</b> Please <u>PRINT</u> and fill out <u>COMPLETELY</u>				TODAY'S DATE		
NAME OF ADULT PARTICIPANT/PARENT GUARDIAN  LAST <span style="margin-left: 150px;">FIRST</span>				HOME PHONE		
				WORK PHONE		
STREET ADDRESS				EMERGENCY PHONE/PAGER		
CITY		STATE		ZIP CODE		
PARTICIPANTS NAME (First & Last)		BIRTHDATE	M / F	CLASS / PROGRAM TITLE		
				\$		
				\$		
				\$		
				\$		
METHOD OF PAYMENT			<div style="text-align: center; margin-bottom: 10px;">CITY OF DES MOINES HOLD HARMLESS AGREEMENT</div> <p>I assume all risks and hazards of the conduct of the program. In case of injury, I waive all claims or legal actions, financial or otherwise, against the City of Des Moines, its organizers, sponsors, supervisors, employees, or any volunteers connected with the program unless injury is caused by the sole negligence of the City of Des Moines.</p> <p>I grant full permission to use photographs, videotapes, motion pictures, recordings or any other record of the program for any purposes.</p> <p>In absence of signature, payment of fees and/or participation in the program constitutes acceptance of these conditions.</p> <p>Signature of Participant _____ Date _____            (Parent/Guardian if participant is under age 18)</p>			
CASH <input type="checkbox"/>		\$				
CHECK <input type="checkbox"/>		\$				
VISA/MC <input type="checkbox"/>		\$				
Name on Card						
Card #						
CVI#						
Exp. Date						
REC'D BY		DATE				
MAILING ADDRESS						
City of Des Moines Park & Recreation Dept. 1000 S. 220 <sup>th</sup> St., Des Moines, WA 98198 Phone: (206) 870-6527 / Fax: (206) 870-6587						
<b>***DO NOT EMAIL OR FAX CREDIT CARD INFORMATION***</b>						

