NEWTON RECREATION COMMISSION

Aquatics/Programming Registration Form
PLEASE PRINT

Return completed form with check payable to:
NRC, 415 N. Poplar, Newton, KS 67114

Activity Name or #	Start Date	Activity Time	Participants Name	DOB	Grade	School	Gender	Fee

How did you hear about this program? _____ **TOTAL DUE:** _____

PARTICIPANT WAIVER:

I, the undersigned, do hereby acknowledge that the above named participant(s) have chosen to participate in the above named activity(ies) with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Newton Recreation Commission and all of its representatives free from liability for any injury, harm and complication resulting from said participation in the above named activity(ies). Furthermore, I do understand that accident insurance is not provided by the Newton Recreation Commission and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above named participant(s) in said activity(ies).

The Newton Recreation Commission reserves the right to use photos of NRC participants for promotional purposes. If you have photos of you or your children participating in NRC activities and would like to share them for possible publication in future program guides please bring the photo's by the NRC office.

I HAVE READ AND UNDERSTAND THE PARTICIPANT WAIVER STATEMENT:

_____ _____ _____

Adult or Parents Name (Please Print) | Signature of Adult or Parent | E-mail Address

Address: _____ _____ _____ _____

Street | City | State | Zip | Home Phone | Cell Phone | Work Phone

Office Use Only:

Date Paid: _____ Amount Paid: _____ Receipt # _____ Staff Initials: _____