



# Registration Form

1800 SE 21<sup>st</sup> St, Topeka, KS  
66607

Visit [parks.snco.us](http://parks.snco.us) for more information.

785-251-6800

Primary Member of Account or Parent's Name				
First	MI	Last	DOB	Gender: M/F
Phone: Primary #	Wk/Cell #		Email Address	
Billing Address		City	State	Zip
Mailing Address		City	State	Zip

2 <sup>nd</sup> Member of Account (spouse or child)				
First	MI	Last	DOB	Gender: M/F
Phone: Primary#	Work/Cell #		Email Address	

3 <sup>rd</sup> Member of Account (child)				
First	MI	Last	DOB	Gender: M/F
Emergency Name			Phone #	

Participant's Name	Program Title	Location	Fee
<b>TOTAL</b>			

Athletics					
Participant/Team Name	Division/League	Grade Level	School	Coach Preference	Fee

Circle T-Shirt Size: YS, YM, YL, AS, AM, AL, AXL, AXXL	<b>TOTAL</b>
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Does the participant require a reasonable accommodation in order to participate in this program?  Yes  No Requests must be made two weeks in advance by filling out a Special Needs Statement and Request Form in order for the service or program to be assessed.

In consideration of our participation in this activity, and in acknowledgment of the law, we hereby release and discharge Shawnee County Parks and Recreation and all persons employed or connected with this activity from any and all liability arising from illness, injuries and damages we suffer as a result of our participation in this recreational activity. We are not waiving or releasing SCPR from intentional acts of damage, nor for damages caused by the gross and wanton negligence of SCPR since the areas utilized under this program are park, playground or open area under K.S.A. 75-6104(0). We also understand that SCPR is not responsible for any costs incurred for medical services, injuries and damages to ourselves or others in connection with this activity. SCPR reserves the right to use event pictures for publications. SCPR does not discriminate against any person on the basis of race, color, sex, national origin, age or handicap in the operation of any program, activity or facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT MUST ACCOMPANY REGISTRATION FORM.