



**ACTIVITIES REGISTRATION**  
 Lawrence Parks and Recreation, 1141 Massachusetts Street, Lawrence, KS 66044  
 (785) 832-7930 Fax (785) 832-7938

FOR RECREATION USE ONLY Date: \_\_\_\_\_ Registrar \_\_\_\_\_ Loc: \_\_\_\_\_  
 Cash  MC  VS  Check # \_\_\_\_\_

Participant(s) First Name	Participant(s) Last Name	Birthdate	Sex M/F	Class Code	Sec	Class Name	Fee	Start Date

**DO YOU NEED SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THESE PROGRAMS? YES  NO**   
 If Yes please explain \_\_\_\_\_

### HOUSEHOLD INFORMATION

Please Print  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex: Male/Female  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_  
 Secondary or (Emergency) Contact \_\_\_\_\_ Phone \_\_\_\_\_ \$ \_\_\_\_\_ to the \_\_\_\_\_  
 LPRD Scholarship Fund.

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas and the University of Kansas HSES Department from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless City of Lawrence, Kansas and its employees from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way

associated with the activity. In the event of emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or

the participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.

I HAVE READ AND UNDERSTAND THE WAIVER, REGISTRATION AND REFUND POLICIES  
 Signature required \_\_\_\_\_ Date \_\_\_\_\_  
 Please print name \_\_\_\_\_ REGISTRATION INVALID WITHOUT SIGNATURE

Method of Payment  
 Check or Money Order (Payable to: Lawrence Parks & Recreation Department)  
 Cash  Mastercard or Visa Exp. Date \_\_\_\_\_  
 Card No. [ ]  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_