

Orland Recreation---Registration Form

Please Print.....

Parents Name: _____ Work Phone: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Emergency Phone: _____

<u>Participants Full Name</u>	<u>Grade</u>	<u>Age</u>	<u>Program</u>	<u>Fee</u>	<u>Shirt-Size</u>
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In consideration of being permitted to participate in the program mentioned above for recreational benefits to myself or my heirs, I and my heirs & assigns do hereby release, discharge and covenant not to sue the City of Orland, it's agents, officers and employees of the Orland Unified School District arising out of any personal injury, death or property damage that is incurred during said participation by myself or my heirs whether active or inactive, including negligent actions of the aforementioned providers. I also fully understand that there may be some risks involved in participation in the above activity including but not limited to those associated with weather conditions, facility conditions, equipment and other participates. I have read this document. I elect to accept all risks associated with the participation in said activity and I, voluntarily sign my name evidencing my acceptance of the above provisions.

Signature: _____

Payment

<u>Check # / Amount</u>	<u>Cash Amount</u>	<u>Received By</u>	<u>Date</u>
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