



RECREATION PROGRAMS

Registration/Application Form

Please complete this application for NLRPR recreational programs.
(Additional Registration options available on other side if needed)

Participant Information

Please Print

Participant's Name _____

Birth date ___/___/___ Age: ___

CC Membership Number: _____

Grade (2011-2012 year): _____

Parent's/Guardian's Name: _____

Additional Parent's/Guardian's Name: _____

Address: _____

City: _____ Zip _____

Work-Phone: _____

Home Phone: _____

Cell-Phone: _____

Work-Phone: _____ Cell-Phone _____

Additional Emergency Contact Info:

Email Address: _____

Name _____

Sibling Participants 1. _____

Relationship _____

2. _____ 3. _____

Phone _____

Community Center (check one):

- Glenview CC
- North Heights CC
- Sherman Park CC

Please provide information on allergies, medications, and other restrictions that may affect ability to ensure child's safety in the participation of activities in the ASpire program.

ASSUMPTION OF RISK RELEASE OF LIABILITY

It is understood that the North Little Rock Parks and Recreation Department (NLRPR) does not provide medical insurance covering injuries of any nature incurred during recreational programs at NLRPR facilities or during the transportation of participants to and from activities or special events. The undersigned hereby releases the NLRPR, its successors, assigned officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing or resulting from participation in the program. All participants should be covered by their own insurance.

Participant's or Parent's Signature _____ Date _____

If participant is under 18 years old, parental signature is required.

WAIVER RELEASE FORM

I hereby authorize the staff of the NLRPR to act for me according to their best judgment in any emergency requiring medical attention involving my child. I waive and release said director, staff members and the City of NLR from any and all liability for all injuries and illnesses incurred while in the program.

Participant's or Parent's Signature _____ Date _____

If participant is under 18 years old, parental signature is required.

PHOTO WAIVER RELEASE FORM

I hereby grant NLRPR specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken during the program, for use by NLRPR.

Participant's or Parent's Signature _____ Date _____

If participant is under 18 years old, parental signature is required.

For Office Use Only

Date Rec'd: _____ Amount Paid: \$ _____ Cash / Check # _____ Receipt # _____