Eastmont Metropolitan Park District
2009 Fall Programs REGISTRATION FORM

PARTICIPANT INFORMATION

Participant's Last name:	First:	Date of Birth: / / Age:
Parent or Guardian Name:		
Address:	City:	Zip:
Preferred Phone:	Other Phone:	
Emergency Contact:	**Relationship:**	**Phone no.:**

List any illnesses, allergies, special dietary concerns, behavioral problems, etc.:

Individuals cleared to pick up your child:

1)	Phone no.:
2)	Phone no.:
3)	Phone no.:

Fall Programs

☐	**Wildcat Fall Tennis**	**$55**	September 14 - October 14, Boys and Girls grades 5-8
			Mondays & Wednesdays from 3:30-5:00 PM at the EMPD Tennis Courts
☐	**Oil Pastel Art Class**	**$65**	October 5-26, Boys and Girls ages 8-14
			Mondays from 5:00-7:00pm in the EMPD Meeting Room
☐	**Learn to Draw**	**$65**	November 2-23, Boys and Girls ages 8-14
			Mondays from 5:00-7:00pm in the EMPD Meeting Room

Registration forms received without payment will not be processed. There is an additional NSF of $25.00 for returned checks. Refunds are only available if you notify the EMPD office by 4:30 p.m. the Friday before the program is scheduled to start.

AUTHORIZATION AND WAIVER

I am the parent or legal guardian of the child who wishes to participate in the Eastmont Metro Parks and Recreation (EMPD) and Wenatchee Valley Community Tennis Association (WVCTA) Fall Tennis After School Program.

I acknowledge that recreation activities have inherent risks, including the risk of personal injury. I acknowledge that my child could be injured during recreation activities or transport. I acknowledge that my child may be transported in order to participate in this program. As a condition of Eastmont Metro Parks and Recreation (EMPD) and WVCTA allowing my child to participate in the Fall Tennis After School Program, I hereby waive all claims against Eastmont Metro Parks and Recreation (EMPD), the Eastmont School District No. 206 and WVCTA, including their elected officials, employees, instructors and agents, for personal injuries and /or property damages that may arise from or by in any way connected to my child's participation. This waiver is made on my behalf, my spouse's behalf and the behalf of my child, and binds me and my child and our heirs, executors and administrators.

In the event that my child is injured and a parent or guardian cannot be contacted, I authorize Eastmont Metro Parks and Recreation (EMPD) and/or WVCTA to obtain any emergency medical services for my child that are believed to be reasonably necessary. I agree to be legally responsible for the cost of such services. I further authorize my child for pictures, which may be used in program activity.

I HAVE READ THIS AUTHORIZATION AND WAIVER AND SIGNED IT WITH A FULL UNDERSTANDING OF ITS TERMS.

_____

Parent/Guardia Signature Print Name Date

_____

(Optional) Medical Insurance Provider