



American Red Cross

When I'm In Charge-Ages 8-11

FEE: IC \$64 / OC \$69

Help prepare your children for situations that may occur when they are home without your direct supervision.

February 20 Th 5:30-8 pm

March 13 Th 5:30-8 pm

May 20 Th 5:30-8 pm

Location: Adult Community Center, 1180 Rosemont Rd.



Babysitter's Training-Ages 11-15

FEE: IC \$97 / \$102

Children will discuss topics relating to: Accident prevention, handling emergencies, first aid and child development, positive supervision and the rights and responsibilities of a "good" babysitter.

February 6 & 13 Th 5:30-8:45 pm

May 8 & 15 Th 5:30-8:45 pm

Location: Adult Community Center, 1180 Rosemont Rd.



Register online at
www.westlinnoregon.gov/parksrec

The West Linn-Wilsonville School District does not sponsor nor endorse the activity and/or information contained in this flyer.

CITY OF
West Linn
PARKS &
RECREATION

ACTIVITY REGISTRATION FORM

CITY OF WEST LINN

REGISTER ONLINE AT www.westlinnparksandrec.com

PARTICIPANT NAME _____ M or F DOB _____ GRADE _____

PARENT/GUARDIAN NAME _____ DOB _____ SCHOOL _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____

ANY MEDICAL CONDITION, ETC. _____

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO PARTICIPATE, PLEASE EXPLAIN HERE _____

CITY OF WEST LINN RESIDENT? YES NO
CLASS # ACTIVITY TITLE START DATE/TIME

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			TOTAL Amount Due \$ _____

Recreation Scholarship Fund: YES, I would like to contribute \$1.00 \$2.00 \$5.00, or other \$ _____ to the Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation programs in our City who otherwise may not be able to participate. Please include this with your payment. Thank you for your donation.

Make Check to: City of West Linn
Mail to: City of West Linn
Recreation Program
22500 Salamo Road, #1100
West Linn, Oregon 97068
503.557.4700
503.656.4106 Fax

Visa _____ Mastercard _____ \$ Amount to charge _____
Charge card # _____ Exp. Date _____
Cardholder Name _____
Cardholder Signature _____
Office Use Only: Approval Code _____

WAIVER

In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the City, its Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

** I have read the above waiver and understand the contents**

Signature (Parent or guardian)

For Staff use only
Registered in RecNet by _____ on _____