

"Recreation Basketball 3rd – 8th Grade"

CITY OF WEST LINN
PARKS & RECREATION DEPARTMENT

PARTICIPANT NAME _____ M/F _____ GRADE _____

SCHOOL ATTENDING _____ BIRTHDATE _____

FATHER'S NAME _____ CELL PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

E-MAIL _____

ADDRESS _____ HOME PHONE _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

| | | | | | | |
|--------------|--------------|-------------|----------|-------|---------|----------|
| Uniform SIZE | Youth Medium | Youth Large | Youth XL | | | |
| | Adult Sizes: | Small | Medium | Large | X Large | XX Large |

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.

3rd & 4th grade only - Buddy request (1 only): _____
(Buddy requests must match to be considered)

I would be interested in volunteering in these areas:

Head Coach _____ Assistant Coach _____

Name _____ Phone _____ E-mail _____

Make \$100 check payable to: City of West Linn

Mail to or drop off: Recreation Program, West Linn City Hall, 22500 Salamo Road, No. 1100
West Linn, Oregon 97068 Telephone: 557-4700

REFUND POLICY:

Full refunds are given only when a class is cancelled by Parks & Recreation. Participants canceling must pay a \$10.00 service charge. No refund after program has started.

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/my dependant 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/my dependant has 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/my dependant's 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**
(Initial)

_____* Parent/Guardian Signature