

## ACTIVITY REGISTRATION FORM CITY OF WEST LINN

REGISTER ONLINE AT [www.westlinnparksandrec.com](http://www.westlinnparksandrec.com)

PARTICIPANT NAME \_\_\_\_\_ DOB \_\_\_\_\_ M or F \_\_\_\_\_ 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	\$
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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)