

ACTIVITY REGISTRATION FORM

Please print and fill out completely

Today's Date: _____ Which program are you registering for? Sports Activity Add Swim

Applications will be processed on a first-come, first-serve basis. Return application to Jennifer DeRuwe at jderuwe@spokanepolice.org or mail to 1100 W Mallon, Spokane, WA 99260.



Participant A	First Name	Middle Initial	Last Name	Birth Date	Age	<input type="checkbox"/> M <input type="checkbox"/> F
Address (if different from parents)			City	State	ZIP	Name of School
Participant B	First Name	Middle Initial	Last Name	Birth Date	Age	<input type="checkbox"/> M <input type="checkbox"/> F
Address (if different from parents)			City	State	ZIP	Name of School
Participant C	First Name	Middle Initial	Last Name	Birth Date	Age	<input type="checkbox"/> M <input type="checkbox"/> F
Address (if different from parents)			City	State	ZIP	Name of School

Statistical Information (birthdate, age, gender & school of participant) is used for demographics and to customize course activities.

Home Address				Home Phone	
City	State	ZIP	E-mail		
Mother's Name			Cell Phone		Work Phone
Father's Name			Cell Phone		Work Phone

ONE LOCATION PER PARTICIPANT. Write SCHOLAR if requesting scholarship. Check each activity participant is interested in.

Participant(s)	Dates	Location	Time	Activities	\$10 Fee
	Tuesdays 7/5-8/9	A. M. Cannon Park	10:30 AM-11:00 AM	<input type="checkbox"/> Swim lessons at A. M. Cannon Aquatic Center	
			11:30 AM-2:30 PM	<input type="checkbox"/> Basketball, <input type="checkbox"/> Running Clinic, <input type="checkbox"/> Flag football, <input type="checkbox"/> Soccer	
	Wednesdays 7/6-8/10	Harmon Park	10:30 AM-11:00 AM	<input type="checkbox"/> Swim lessons at Hillyard Aquatic Center	
			11:30 AM-2:30 PM	<input type="checkbox"/> Basketball, <input type="checkbox"/> Running Clinic, <input type="checkbox"/> Soccer	
	Thursdays 7/7-8/11	Liberty Park	10:30 AM-11:00 AM	<input type="checkbox"/> Swim lessons at Liberty Aquatic Center	
			11:30 AM-2:30 PM	<input type="checkbox"/> Basketball, <input type="checkbox"/> Running Clinic, <input type="checkbox"/> Flag Football, <input type="checkbox"/> Golf	
Total					

LIABILITY WAIVER, RELEASE & INDEMNITY AGREEMENT

I agree to release, indemnify, and hold the city, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages or injuries of any kind and nature whatsoever to the participant and/or his property arising from participation in activities for which the participant is registering. I further acknowledge that I have familiarized myself with the description of the activities, understand the hazards and the participant's personal limitations and knowingly assume all risks. I acknowledge I have read and understand this Liability Waiver, Release and Indemnity Agreement, and understand that I am waiving any claim I might have against the City for any harm sustained as a result of any activity for which I am registering a minor child.

Signature of Responsible Adult

Date

For special accommodations please contact us directly.

May we use your photo/video image taken during activities for publicity purposes?

Yes No Initial here _____