

City of Fairway, Kansas
Department of Parks & Recreation
Program Registration Form



Program Title	Start Date	Time	Fee
Swim Team has a separate registration form			Total

Participant's Name _____ Age _____

Parent's Name (if participant is under 18) _____

Address _____

City, State, Zip _____

Day Phone _____ Cell _____

Household E-Mail _____

Waiver and Consent Agreement

1. I understand that I/my child may be removed from any program or event with or without a refund at the full discretion of the Parks and Recreation Director or his/her designee for disciplinary purposes or if deemed appropriate to protect the health and well-being of other participants and/or staff.
2. The undersigned agrees to hold harmless and release the City of Fairway, its agents and employees from any liability which may be suffered by the above named individual registered in Fairway Parks & Recreation programming arising out of in in anyway connected with participation in this program. The undersigned authorizes the use of any first aid emergency care in the event of an injury or illness sustained while participating in this activity.
3. The undersigned and the participant authorize the City of Fairway to use the participants name, image, likeness and/or voice, to appear in publications, official documentaries, promotional and advertisement materials in any manner without compensation.
4. I understand that refunds are only provided under extreme circumstances.

 Signature of Participant or Parent/Legal Guardian Date

Return registration form and payment to:
Fairway Parks & Recreation, 4210 Shawnee Mission Parkway, Suite 100, Fairway, KS 66205

Staff Use Only	Date Rec'd _____	Payment Amount _____	Form _____	Receipt Number# _____
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