



Jefferson  
Park & Recreation  
Department

# Registration Form

Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Participants Name	Class Number	Activity Name	Birthdate	T-shirt Size	Grade	M/F	Fee

Total Fee \$ \_\_\_\_\_

Payment Method     Cash     Check     Credit Card (must supply card information & complete address)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Registration may be dropped off or mailed to the Greene County Community Center, 204 W. Harrison St., Jefferson IA 50129  
Questions or comments? Call (515)386-3412 or email parkrec@netins.net.

### Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program, I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefore, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program, authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. **I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Does the participant have any condition that would prevent full participation in the above activity? \_\_\_\_yes \_\_\_\_no  
ie. asthma, diabetes, seiures,allergies (bee stings), ect. **PLEASE NOTE ON BACK**