TOWN OF FOREST CITY PARKS AND RECREATION DEPARTMENT
CALLISON RECREATION CENTER
REGISTRATION FORM

Participants Name:_____ Birthdate:____/____/____

Parents / Guardian:_____

Mailing Address: _____City_____State_____Zip:_____

Home Phone:_____ Work Phone:_____

Email Address: _____

Emergency Contact Name (other than parent)_____

Emergency Contact Phone number_____

List any special needs, which will require accommodations for participation_____

Program Name_____

Start Date _____

Day or Days _____

Time _____

Facility _____

Fee _____

Form of payment please circle one: Check Cash Money Order

I hereby give permission for my child to participate in the program sponsored by the Town Of Forest City Parks and Recreation Department. I understand that there are risks involved with participation in youth programs, and hereby assume all responsibility for all risks and hazards incidental to this program and transportation to and from this program, and do so further release, absolve, indemnify, and hold harmless the Town Of Forest City, its administrators, officials, supervisors, sponsors, volunteers, and all others involved with the program.

Parent/Guardian Signature:_____ **Date:**_____

Non-Discrimination Policy – The Town of Forest City Parks and Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the areas may file a complaint with either the Director of the Town of Forest City Parks and Recreation or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, DC 20240.