

Basalt Recreation Department
 101 Midland Ave.
 Basalt, CO 81621
 FAX: 970-927-1354

Basalt Recreation Registration Form

with your registration form.
 You will not be registered
 without payment. See
 bottom of form for payment
 information.

Guardian Information:

Parent Last Name	
Parent First Name	Email Address
Home Phone	Work Phone
Mailing Address	Cell Phone
City	Emergency Contact
State	Zip
	Phone

*Participant Registration:

If you have any special needs that would require assistance to enable you to participate in a program, please inform the Recreation Department at the time of registration.

Full Name of Participant	Gender M / F	Grade 2012/13	Birth date	Activity description	Fee

Total _____

Waiver for Participants & Liability Release

In consideration for the right to participate in Town Recreation programs or activities, I hereby agree to the following: I understand that any recreational activity, including the one for which I am applying, involves certain risks to my personal safety and property or the safety and property of others. I agree that it is solely my responsibility to insure my health is adequate and my capabilities are sufficient to participate in this activity. I hereby waive any claim I might have against the Town and its officers, employees, agents, servants, insurers and all representatives and sponsors arising out of my participation in this activity. Furthermore, I hereby agree to release and hold harmless the Town from any claim brought by a third party due to my participation in this activity. I give permission to my child to attend field trips by vehicle and/or walking. I understand that I or my child may be photographed and give permission for photographs to be used to publicize activities for the Recreation Department. In the event of an emergency, I give consent for me or my child to be taken to and treated at the nearest medical facility, understanding that every effort will be made to contact the emergency contact person set forth on this form. In such event, I shall be solely responsible for all medical expense associated with medical care. If I am signing this agreement on behalf of a minor child, I understand that the foregoing agreements and waivers shall apply equally to the child.

Signature _____ Date _____

Amount paid _____ Check number _____ Scholarship _____ (Please include information)

Please Circle one: VISA MasterCard AMEX Name on card _____

Credit Card Number _____ Exp Date _____