



ACTIVITIES REGISTRATION

200 E. 3rd Street, Bonner Springs, KS 66012
(913) 422-7010 Fax (913) 422-9364

Participant(s) First Name	Participant(s) Last Name	Sex M/F	Date of Birth	Activity/Class Name Session/Date/Time	Fee (Total at bottom)	List any Medical Conditions

HOUSEHOLD INFORMATION

Please Print

First Name _____ Last Name _____

Mailing Address _____ City _____
State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____
E-mail _____

Secondary or (Emergency) Contact _____
Phone _____

ACTIVITY WAIVER RELEASE

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission and the officials, agents, and employees of each from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City or Recreation Commission officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City or Recreation Commission facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City or Recreation Commission to use at its discretion photograph(s) (black/white or color) taken of participants while participating in City or Recreation Commission programs and activities for marketing in print or by electronic means.

Signature Required _____ **Date** _____

Registration is not valid without signature. (Parent must sign, if participant is under 18)

Total fees \$ _____ **- Scholarship \$** _____ **(if applicable) = Total owed \$** _____

Method of Payment

Check or Money Order - Payable to "Bonner Springs Parks & Recreation" **Check #** _____

Mastercard **Visa** **Card No.** _____ **Exp. Date** _____

Signature _____ **Name on Card** _____

Cash

REGISTRATION FORM

Receipt # _____ **Staff Initials** _____