



STAFFORD RECREATION

COMMISSION

107 W Broadway PO Box 56
Stafford KS 67578

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www.staffordrec.com

General Registration Form

Name: _____ Boy ___ Girl ___

Age & DOB: _____ Grade: _____

Address: _____

City, State, & Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Parent/Guardian (if minor) _____

Emergency Name & Phone Numbers: _____

Special Medial Information _____

Shirt Size (if applicable): ___YS___YM___YL___AS___AM___AL___AXL___AXXL

Activity: _____ Fee: _____

Release: I acknowledge that by my signature below, the registrant listed above is participating in the Stafford Recreation Commission (SRC) programs at his/her own risk. SRC, USD 349, successors and assigns shall not be held liable for any accidents, illness, injury or damage to property. SRC does not provide any medical insurance for participants. Parent/Guardians are responsible for insurance. Parents/Guardians must sign for children 18 and under, entering the program. Registration is not valid without signature.

Model Release: The undersigned and participant authorize the Stafford Recreation Commission to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

Medical Release: In case of a medical emergency and I cannot be contacted; I give my permission for a SRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the SRC staff is not allowed to administer any medications.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I have read the above release & accept.

_____ Date: _____