

MAIZE RECREATION GENERAL REGISTRATION FORM

Return to: Maize Recreation, 10100 Grady Ave., P.O. Box 205, Maize, KS, 67101
or Register online at www.maizerec.com

Name _____ Age & D.O.B. _____

Address _____ City _____ State _____

Zip _____ M _____ F _____ Grade _____

Home Phone _____ Cell Phone _____

E-mail (h) _____ (w) _____

(Class confirmations will be sent via e-mail—if available)

Parent / Guardian (if participant is a minor) _____

Emergency Name and Numbers _____

Special Medical Information _____

Shirt Size (only if applicable) YS YM YL AS AM AL AXL AXXL (please circle)

Activity _____ Fee _____

Activity _____ Fee _____

Activity _____ Fee _____

Total Amount Enclosed _____

_____ Cash

_____ Check # _____ Make Checks Payable to Maize Recreation

_____ Visa _____ MasterCard _____ Discover _____ American Express

Cardholder Name _____

Card # _____ CVV# _____ (last 3 digits on back of card)

Exp. Date _____

SCHOLARSHIPS ARE AVAILABLE: Inquire at the Maize Recreation Office.

(CONTINUED ON BACK PAGE – MUST SIGN BACK OF FORM!)

Release: I acknowledge that by my signature below, the registrant listed above is participating in the Maize Recreation Commission (MRC) programs at his/her own risk. MRC, Maize USD 266, City of Maize, successors and assigns shall not be held liable for any accidents, illness, injury or damage to property. MRC does not provide any medical insurance for participants. Parents/Guardians are responsible for insurance. Parents must sign for children, 18 and under, entering program. Registration not valid without signature.

Model Release: The undersigned and participant authorize the Maize 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 MRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the MRC staff is not allowed to administer any medications.

Conduct: The undersigned and participant agree to abide by all the policies and guidelines set forth by the MRC regarding this program and violations could result in being expelled from the activity with no refund.

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

Signature _____ Date _____
(Parent/guardians must sign if participant is 18 years and under)