



SHAWNEE COUNTY ATHLETICS
 300 NE 43rd St TOPEKA, KS 66617 785.286.3358 FAX 785.246.0804
<http://www.co.shawnee.ks.us/parksandrec/>

PHONE-IN MAIL-IN WALK-IN
 WE ACCEPT VISA, MASTERCARD AND DISCOVER

EASY TO REGISTER

Welcome to Shawnee County Parks and Recreation. Please help us set up your family member account by accurately completing the following information.

Primary Member of Account or Parent's Name:

First _____ MI _____ Last _____ Birthdate ____/____/____ Gender: M/F

Phone: Hm # _____ Wk # _____ Cell # _____

Billing Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Email Address: _____

2nd Member of Account (spouse or child):

First _____ MI _____ Last _____ Birthdate ____/____/____ Gender: M/F

Phone: Hm # _____ Wk # _____ Cell # _____

3rd Member of Account (child):

First _____ MI _____ Last _____ Birthdate ____/____/____ Gender: M/F

4th Member of Account (child):

First _____ MI _____ Last _____ Birthdate ____/____/____ Gender: M/F

5th Member of Account (child):

First _____ MI _____ Last _____ Birthdate ____/____/____ Gender: M/F

Emergency Name: _____ Phone # _____

Trip Pick-up Location: Expo, Lake, North, Paris

Participant's Name	Program Title	DOB	T-shirt Size	School	Coach Preference	Fee
Shirt sizes: YS, YM, YL, AS, AM, AL, AXL						TOTAL

Credit Card # _____ Expiration Date: ____/____/____

In consideration of our participation in this activity, and in acknowledgement of the law, we hereby release and discharge Shawnee County Parks and all persons employed or connected with this activity from any and all liability arising from illness, injuries and damages we suffer as a result of our participation in this recreational activity. We are not waiving or releasing SCPR from intentional acts of damage, nor for damages caused by the gross and wanton negligence of SCPR since the areas utilized under this program are park, playground or open area under K.S.A. 75-6104(0). We also understand that SCPR is not responsible for any costs incurred for medical services, injuries and damages to ourselves or others in connection with this activity. SCPR reserves the right to use event pictures for publications. SCPR does not discriminate against any person on the basis of race, color, sex, national origin, age or handicap in the operation of any programs, activity, or facility.

Signature: _____ Date: _____