Enrollment Form

Rose Hill Recreation Commission P.O Box 46, 400 S. Rose Hill Road Rose Hill, Kansas 67133

Phone# (316) 776-9880 www.

www.rosehillrec.com

Office Use only: CASH CHECK#
AMOUNT
DATE RECEIVED

Please PRINT and FILL OUT COMPLETELY, front and back.

You can mail or drop off the enrollment form with your payment. Make sure to sign the waiver on the reverse side. (A parent or legal guardian must sign for a participant under the age of 18)

Family Informati	on: Must fill out completely for	our new registration	n system
Address:	Zip Code:	Email:	
Cell Phone #:	Provider:		Initial if you want to receive promotional text and email from
Other Phone#:			RHRC
Name (Include Parent/Guardian) Birtl	hdate Age Grade G	Gender Shir	rt size: (ys ym yl as am al axl
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Make sure to read and sign tSome youth programs need	Program Name Program Name	18, parent or legal if interested in coa	eason Activity Fee

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WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

Program Cancellation Policy

Participants may cancel or withdraw from any program 2 business days prior to the program start date. All refunds requested by the participant will be charged a \$5 REFUND FEE that will be deducted automatically from the refund amount.

Any cancellation request with less than the proper 2 business day notice will be at the discretion of the Program Director or Superintendent of Recreation for the Rose Hill Recreation

In consideration of being allowed to participate in any way in the

Rose Hill Recreation Commission

Youth sports program, other activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself form participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS Rose Hill Recreation Commission, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 5) I hereby grant to the Rose Hill Recreation Commission, its agents and employees, the irrevocable and unrestricted right to use and publish photographs of me or my child, or in which I or my child may be included, for publications, electronic reproductions (web sites) and/or promotional materials or any other purpose and in any manner or medium without compensation. In addition, I grant my permission to alter the same without restriction; and to copyright the same. I hereby release the photographer and the Rose Hill Recreation Commission from all claims and liability relating to said photographs.

FOR PARTICIPANTS OF MINORITY AGE (BELOW THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

MEDICAL TREATMENT RELEASE

I/we nereby grant consent to any and	an health care providers designated by Rose Hill Recreation to provide
	This consent includes First Aid and transportation to and from health care
MEDICAL TREATMENT AND A	E OF LIABILITY, RELEASE FOR MEDIA RECORDING, RELEASE OF SSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, IVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY ANY INDUCEMENT.
X	DATE SIGNED:
Emergency Phone number other than	n the number on the reverse side: #