

West Lafayette Parks & Recreation Registration Form

West Lafayette Parks & Recreation
1101 Kalberer Road, West Lafayette, IN 47906

Please Print

FamilyName: _____ Address/City: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

First Name	Last Name*	Birthdate	Grade	Sex	Class	Class Code	Fee
1.							
2.							
3.							
4.							
5.							
6.							
7.							

*If different from family name

Total Fees Due \$ _____

I understand that participation in activities sponsored by the West Lafayette Parks & Recreation Department (the "Activities") is available at my discretion, and that I am not compelled in any way to participate in any Activities. I understand that participation in Activities involves a degree of risk of injury and even death and that I am voluntarily participating in the Activities and using equipment and machinery with knowledge of the danger involved.

In consideration of being allowed to participate, I, for myself and my heirs, representatives and assigns, hereby release and forever discharge, and agree to indemnify and hold harmless, the City of West Lafayette, the West Lafayette School Corporation, the West Lafayette Parks and Recreation Department, and their Boards, officers, employees, and representatives and any person or entity acting on behalf, from any and all responsibility or liability (including attorney fees) for injuries, damages or death resulting from or arising out of my participation in any Activities or my use of equipment or machinery in connection with such Activities.

Signature

Date

Method of Payment: Check Cash Visa MasterCard Discover

Make check payable to: City of West Lafayette

Card Number: _____

Expiration Date: _____

Name as printed on card: _____

Signature: _____