



City of McCall
PARKS AND RECREATION

216 E. Park St., City Hall, Phone: 208-634-7142
336 Dienhard Ln. Recreation Office, Phone: 208-634-8968

PROGRAM REGISTRATION FORM

Name _____
(parent/guardian if participant is under 18 or under legal guardianship)

Home/Cell Phone _____

Street Address _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Emergency Contact _____

City of McCall Resident? Yes No
(If you are unsure of your residency status, please call 634-8968)

E-mail Address _____

How did you hear of this program? Program Guide Social Media Flyer Friend E-mail Website Previous Participant Other _____

Participant Name	Gender	D.O.B	Shirt Size	Program Name	Fee	State	LOT	Total

Inclusive Service Request:

Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one) **YES NO**
If **YES**, please contact the Recreation Supervisor. We request at least two weeks notification for reasonable accommodations requests. *In some cases, reasonable accommodations may take longer.*

I, the parent of the above-named participant/or participants do assume all risks and hazards incidental, including death or permanent disability, to the conduct of the activity. I do further hereby release, absolve, indemnify, and hold harmless the City of McCall, it's officers, employees, representatives, agents, assigns, and volunteers, from all injuries, damages, or losses of whatever kind, nature, or amount suffered by me or by such minor participant at any activity sponsored, in whole or in part, by the City of McCall to which this participant's registration form relates. I understand that the City of McCall provides no accident or medical insurance and that this is personal responsibility. I hereby give consent for emergency medical treatment. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. I grant to the City of McCall Parks and Recreation Dept., the right to take photographs of me and my family in connection with the above-identified event. I authorize the City of McCall Parks and Recreation Dept., its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the City of McCall Parks and Recreation Dept. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature (parent/guardian if participant is under 18 or under legal guardianship)

Date

Include Your Voluntary Donation to the McCall Parks & Recreation Department

- Youth Scholarship
- City Park
- Greatest need

\$1 _____
\$3 _____
\$5 _____
Other \$ _____

Total Enclosed

\$ _____

Method of Payment:

- cash Check #

Make check or money order payable to: City of McCall Parks and Recreation

**Mail registrations to:
City of McCall Parks and Recreation
216 E. Park St. McCall, ID. 83638**