



REGISTRATION FORM

Participant Information

First _____ Last _____ Gender: Male / Female

School Name _____ Grade _____ D.O.B ____/____/____ Age _____

Address _____ City _____ State _____ Zip code _____

Please indicate which day(s) and class (es) participant is registering to attend:

Location	Classes	Date	Schedule
P.S 105	Basketball	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> 10:00am – 11:30am <input type="checkbox"/> 1:20pm – 2:50pm <input type="checkbox"/> 11:40pm – 1:10pm <input type="checkbox"/> 3:00pm – 4:30pm
	Badminton	<input type="checkbox"/> Saturday	<input type="checkbox"/> 10:00am – 12:00pm <input type="checkbox"/> 10:00am – 1:00pm
Leif Ericson Park	Soccer	<input type="checkbox"/> Saturday	<input type="checkbox"/> 8:45am – 10:15am <input type="checkbox"/> 10:30am – 12:00pm

Parent/Guardian - Contact Information

First _____ Last _____ Relationship _____ phone # _____

First _____ Last _____ Relationship _____ phone # _____

Emergency Contact Information – Alternate Pickup/Release

First _____ Last _____ Relationship _____ phone # _____

First _____ Last _____ Relationship _____ phone # _____

Medical Release Information

Policy Number _____ Health Insurance Provider _____

Primary Physician _____ Phone () ____ - ____ Address _____

Health problem(s) (Circle that all apply)

Cardiovascular: __ Y / __ N

Musculoskeletal: __ Y / __ N

Asthma: __ Y / __ N

Respiratory: __ Y / __ N

Diabetic: __ Y / __ N

Seizures: __ Y / __ N

Please specify any other health problems, including any requiring maintenance medication:

Is your child allergic to any type of food or medication? Yes ___ No ___ If yes, explain: _____



The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Terms of Agreement

I understand that I will be notified if a medical emergency is involving my child. In case of an emergency, and if a family physician or I cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent's/Guardian's Initials _____

I understand that the Reflex Public Recreation will not be responsible for the medical expenses and medical transportation expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Food: If you will be sending food to participant, please be sure that participant's food is clearly marked with your participant's first name and last name. Refrigerators will NOT be available for participants to store his/her food. Glass bottles/containers are not allowed.

Parent's/Guardian's Initials _____

Photo Release: I hereby give permission for my child to be photographed while participating in any Reflex Public Recreation event/classes/activities. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper, social media, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Reflex Public Recreation Center.

Parent's/Guardian's Initials _____

Withdrawal/Refund/Cancellation/Lost: Full refund of paid tuition for unattended classes will be issued if a class withdrawal/cancellation request is submitted to Reflex Public Recreation fourteen (14) calendar days prior to the first day of the class according to Reflex Public Recreation Center official calendar. No refund if class withdrawal request is received less than fourteen (14) calendar days prior to the first day of the class according to Reflex Public Recreation Center official calendar. Paid tuition is non-transferable.

Reflex Public Recreation is not responsible for any loss or damage of personal property. All scheduled events are subject to change. Reflex Public Recreation reserves the rights to cancel any scheduled programs/events. Reflex Public Recreation is not responsible for any personal injury or damages due to a concealed medical condition.

For safety's sake, the instructors and staffs of Reflex Public Recreation have the rights to reject anyone who fails to observe the instructions from attending the course; paid tuition is not refundable. For safety's sake, the instructors and staffs of Reflex Public Recreation has the right to reject anyone whose physical/mental health condition is considered unsuitable for participation and those who have signs and symptoms of infectious diseases like fever, respiratory tract symptoms, conjunctivitis, skin rashes, skin damage etc. from participating the lesson, paid tuitions are not refundable.

Printed Name of Parent/Guardian_____

Signature of Parent/Guardian _____

Date: _____