Fishers Parks & Recreation Registration Form

Registration can be completed online at www.Fishers.in.us/Parks, In the Mail with checks only, please, or as a Walk-In at the Fishers Parks & Recreation office, located at 11565 Brooks School Road, Fishers, IN 46037; M-F 8:30 a.m.-4:30 p.m., (317) 595-3150 with exact cash, Credit Card (not American Express) or a check.

Parent/Guardian Name: _____
(First) (Last)

Street Address: _____ City: _____ Zip: _____

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

E-Mail Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Special Health or Learning Considerations: _____

How Did You Learn of Our Programs? _____

*T-Shirt sizes: Youth Extra Small=2-4; Youth Small=6-8; Youth Medium=10-12; Youth Large=14-16. (Adult Small, Medium & Large also available.

Participant Name	Birthdate MM/DD/YY	Male/Female (M/F)	Activity Title	Activity Time	T-Shirt Size* (Camp Only)	Fee
SAMPLE: John Smith	8/14/74	M	EEOR Halloween Hike 1	7p-10p	Medium	$6
					Fee Total:	$ 0

* Payment must accompany this form to secure registration in exact cash, check, credit or debit. We do not accept American Express. To register for program partners, contact them directly.

I (We) _____ do hereby release and forever discharge the Town of Fishers and Fishers Parks & Recreation Department, and their respective agents, officers and employees, from all claim, demands, damages or claims for relief on account of any and all injury which may exist or which may hereafter arise from participation in this Fishers Parks & Recreation Department program(s). I (We) do further agree to protect said from any claim, demand or judgment and agree to reimburse said Department of Fishers for any loss, damage or cost incurred. I affirm under penalties of perjury that I (we) am (are) 18 years of age or older, this ____ day of _____ in the year _____. I (We) have read this document and understand that it is a release of all claims. _____ (Initials). I (We) understand that participants may be videotaped or photographed during this activity. I am/we are aware that these materials are for Fishers Parks & Recreation Department's use and may be shared with marketing partners and/or used in various marketing publications, web pages, Facebook, Twitter and other media.

I/We have read this release and understand all of its terms. I/We sign it voluntarily and with full knowledge of its significance.

Signature: _____ Date: _____
Parent, or Guardian (if under 18), or Participant

Office Use Only

Date: Initials: Receipt #: