



Middle School Registration Form

Name _____ Grade _____ Gender _____
Address _____ City, St, Zip _____
Home phone _____
Parent/Guardian _____ E-mail address _____
Contact phone _____ Alternate phone _____
Doctor _____ Doctor phone number _____

Participation fee \$55 per sport

Sport (circle) flag football girl volleyball basketball soccer
School (circle) ASMS BMS HMS SMS TMS

PLEASE READ THE FOLLOWING BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge.

Signature _____ Date _____

Office Use Only

Amount received _____ Received by _____ Date received _____

Payment (circle) cash check # _____ credit card # _____ exp _____

Scholarship amount _____

Liability Notice

In consideration of participating in Willamalane Park and Recreation District activities, the participant releases Willamalane from all liability that may arise from participation in the said program. If the participant is under the age of 18, parents/guardians of registered minors agree to indemnify and hold the district harmless from all liability that may arise from the participation of the child in said program. Participants, and/or parents/guardians of registered minors, request and permit any hospital emergency department physician, any other physicians they may wish to designate, and any hospital personnel, to render to the registered participant any medical and/or surgical treatment required in their absence. Participant acknowledges that Willamalane may use photographs of participants in district publicity without permission or compensation. Payment of fees and participation in the activities shall constitute acceptance of this liability, photography and medical release.