



GBREC PROGRAM REGISTRATION FORM

1214 Stone Street, Great Bend, KS 67530

620.793.3755 www.greatbendrec.com

Return completed form with fee. Make checks payable to: GBRC

Mail to: Great Bend Recreation Commission, P.O. Box 353, Great Bend, KS 67530

OFFICE USE ONLY

PAYMENT: CA CK MC VS DS

REGISTRAR: _____

DATE: _____

Head of Household Name/Guardian	Birthdate	1st Phone	2 nd Phone	Emergency Contact Name/Phone #

Address	City	State/Zip	Email

WAIVER & CONSENT: The undersigned states that he/she the undersigned, the Great Bend Recreation Commission is not and shall not be responsible for, or liable for any illness, injury to person or damage to property resulting from the program in which the participant is enrolling in or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and hold harmless the said Great Bend Recreation Commission, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have to claim to have resulting from participation in said program. I hereby consent to my child enrolling and participating in the below GBRC program(s). I assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless GBRC, the City of Great Bend, USD#428, officials, officers, and employees and/or civic or private organization appointed by it from any liability because of any accident, which may occur in conjunction with said participation and result in bodily injury to child or person. NOTICE: By enrolling in this program/activity you hereby acknowledge the Great Bend Recreation Commission can and may photograph and/or video tape program participants and then use such images and/or reproductions without payment or any other consideration, for purposes of publicizing recreation programs, facilities, programs or services, or for any other lawful purpose. We also understand that GBRC is not responsible for any costs incurred for medical services, injuries and damages to ourselves or others in connection with this activity. I authorize and consent that GBRC may release contact information such as telephone and address information of enrolled participant(s) to volunteer coaches, associated agencies and GBRC staff members. **HAVE READ & UNDERSTAND THE WAIVER & CONSENT STATEMENTS. (If under 18 years, must be signed by parent/legal guardian)**

SIGNATURE REQUIRED: _____ **Date:** _____

(Print) Participant Name	Program Code #	Program Title	Birth Date	Day/Date	Grade	Gender	Fee	T-Shirt Size	School
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	TOTAL \$
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GBRC is committed to making reasonable accommodations as required by Americans With Disabilities Act. Requests must be made three weeks or fifteen working days prior to the start of a program.

Indicate what accommodations are needed: (use back of form if needed)

DO YOU KNOW OF SOMEONE WILLING TO COACH A TEAM OR BE A ASSISTANT COACH? (List contact information)

Is your child taking any medications that our staff needs to be aware of? YES NO GBRC Staff cannot administer medication. If so, what kind of medication?