



# RecXtra Registration Form

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Students Name	DOB	Grade	School	M/F	Fee

Fee Total

Method of Payment: Cash  Check  Master Card  VISA  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Transportation Home (check statement that applies)

\_\_\_\_ Student will walk or ride bike home.

\_\_\_\_ Student will always be picked up by parent or designated adult (please list)

Parents Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

List any Allergies or Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Waiver Statement

The undersigned states that he/she understands that the Emporia Recreation Commission/sponsors are not and shall not be responsible for or liable for any illness or injury to person or damage to property resulting from the programs in which the undersigned is enrolling the above participants in, and the undersigned hereby forever releases and holds harmless the said Emporia Recreation Commission and sponsors from any and all claims or any kind that the enrolled or his/her heirs, executors, administrators or assigns may have or claim to have resulting from his/her participation in said programs. Also, the undersigned waives any and all claims that he/she or his/her heirs, executors, administrators or assigns may have or claim to have resulting from a photograph (Digital, Black/White, Color, and Internet) taken of said person while participating in a program or activity.

Print Name: \_\_\_\_\_

Signature X \_\_\_\_\_

Date

Parent/Guardian

### Emergency Contact Information

Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_