

Lewiston Summer Rec Golf Program Registration Form 2017

Forms are due by June 2nd Late registration will be accepted until June 9th

One Registration Form per Participant

Participant Name:	Grade (current):	Birthdate:
Street Address	City/State/Zip	

Place an X by the age group you would like to enroll

Golf 1st through 4th Grade (\$35)

Golf 5th through 12th Grade (\$45)

<input type="checkbox"/>	Grades 1 st through 4 th (Tue Mornings) June 13 th -July 27 th (No Golf July 4 th)
--------------------------	---

<input type="checkbox"/>	Grades 5 th through 12 th (Thurs Mornings) June 13 th -July 27 th (No Golf July 6 th)
--------------------------	--

T-Shirt

(included)
Circle sizes:

Adult or Youth	S M L XL
-----------------------	-----------------

Each participant will receive one t-shirt.

	Total Fee paid (Late fee of \$5 per participant for forms received after registration deadline)
--	--

Checks payable to **City of Lewiston – Summer Rec** Deliver form & payment to City Hall, 75 Rice St., Lewiston (use drop-box during non-business hours) OR mail to: City Hall, PO Box 129, Lewiston, MN 55952

Scholarships: Limited scholarship funds are available to help children participate in Summer Rec activities. Households qualifying for the Free or Reduced Meal Program, MFIP or Medical Assistance may apply for scholarships at City Hall.

Lewiston Summer Rec Golf Program Registration Form 2017 (continued)

This page must be completed to register each participant.

- I give permission for my child's participation in these Lewiston Summer Rec Program activities.
- I do not object to my child's photo being taken while in activities and being used in Lewiston Summer Rec publications or promotional materials

Parent/Guardian Signature: _____

Liability Waiver

I acknowledge that this activity has potential dangers to it. In order to participate in this activity, I agree to hold the city harmless and I waive any right to make claims or lawsuits against the city or anyone working on behalf of the city for any injuries or damages related to the alleged negligence of the city. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct. I know participation in this activity is voluntary, and I understand the effect of this waiver on my legal rights.

<u>Participant's Name:</u> (Please print)	
<u>Participant's Signature</u> (if age 18):	<u>Date:</u>
Notice: If participant is under age 18 years, a parent or guardian must sign.	
<u>Parent/Guardian's Name:</u> (Please print)	
<u>Parent/Guardian's Signature:</u>	<u>Date:</u>

Emergency Contact Information

<u>Parent/Guardian Name:</u>	<u>Phone Number(s):</u>
<u>Additional Parent/Guardian Name:</u>	<u>Phone Number(s):</u>
<u>Name of person to contact if above parent/guardian(s) not available</u> (please include relationship to participant):	<u>Phone Number(s):</u>

<u>Parent/Guardian email address for updates and information from Summer Rec Director:</u>
--