SPRING - 2018 - KIDS KONNECTION REGISTRATION FORM

Linwood Recreation Center

1901 S. Kansas | Wichita, KS | 337-9191
Lisa Klaassen, Director | lklaassen@wichita.gov
Sara Rasmussen, Asst. Director | Srasmussen@wichita.gov

Participant's Name: _____ Birth date: _____ Male ☐ Female ☐

Address: _____ City: _____ Zip: _____

Mother/Guardian

Name: _____ Phone: (H) _____ (W) _____ (Cell) _____

Father/Guardian

Name: _____ Phone: (H) _____ (W) _____ (Cell) _____

Date(s) Enrolling Child: *(check all that apply)*

Feb 20 ☐ Mar 16 ☐ Mar 19 ☐ Mar 20 ☐ Mar 21 ☐ Mar 22 ☐ Mar 23 ☐ Apr 13 ☐ Apr 16 ☐

I agree to release, indemnify and hold the City of Wichita, its agents, officers and employees, harmless from any and all liability claims, actions, judgments, damages or injuries of every kind and nature whatsoever to myself, the participant and/or his or her property arising from participation in activities for which the participant is registering. I further acknowledge that I have familiarized myself with the descriptions of the activities, understand the hazards and the participant's personal limitations and knowingly assume all risks. I acknowledge I have read and understand this Liability Waiver, Release and Indemnity Agreement, and understand that I am waiving any claim that may arise against the City for any harm sustained as a result of any activity for which I am registering a minor child.

_____
Signature of Responsible Adult/Guardian Date

For publicity purposes I give permission to use any photo of people I am registering. _____ Initial

The Wichita Park & Recreation Department does not discriminate on the basis of age, sex, race, color, creed, national origin, or disability. Please notify the Park Department if you need special accommodations to participate in our programs. In providing services to the public, the City must comply with the Americans with Disabilities Act (ADA), a federal anti-discrimination statute designed to remove barriers that prevent qualified individuals with disabilities from discrimination on the basis of disability in services, programs, or activities of local governments.

Office Use Only:

Date Registered: _____ Amount Paid: _____

How Paid: Cash Check Visa MCard DCF Vision Card