

# REGISTRATION FORM

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Gender: Male / Female List any allergies / special medication, special needs or accommodations: \_\_\_\_\_

How Did You Hear About This Program: \_\_\_\_\_

By registering to participate in these recreation programs, each participant realizes the inherent risks involved in the program and understands the nature of these risks. The City of Eureka does not provide coverage for any damages or injuries caused by participation in these programs. The City of Eureka provides no medical insurance. Accordingly, I hereby release the City of Eureka, together with its directors, officers, employees, volunteers and agents from all liability, claims, demands, losses or damages arising from participation in the program/event; and I further agree that if, despite this release and waiver of liability agreement I, my family, or anyone on behalf of myself, makes a claim released in this agreement, my family will indemnify and hold harmless each entity and person released herein from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur as the result of such claim. Please sign below in compliance with this policy. My signature on this form further gives my permission to the City of Eureka to take photographs/video of me and my family, if applicable, at this event and to use these images for future promotions and/or in the organization's publications and web media.

Signature of Participant or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Session #: \_\_\_\_\_ Day / Time: \_\_\_\_\_ Fee: \_\_\_\_\_

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Program: \_\_\_\_\_ Session #: \_\_\_\_\_ Day / Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Check if you DO need a receipt mailed to you: \_\_\_\_\_ Total Amount: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_



**Eureka Parks and Recreation Department**  
1 Coffey Park Lane, Eureka, MO 63025  
Phone: 636-938-6775 Fax: 636-938-8150  
[www.Facebook.com/EurekaParks](http://www.Facebook.com/EurekaParks) [parks@eureka.mo.us](mailto:parks@eureka.mo.us)



## **Registration Information**

Registrations are accepted on a first come, first served basis (priority will be given to members of The Timbers). To register for any program, please complete the form on the front of this page and mail it to Eureka Parks and Recreation, 1 Coffey Park Lane, Eureka, MO 63025. Payment must be submitted at time of registration. Checks should be made payable to the City of Eureka. Cash payments may be received at The Timbers.

## **Cancellation Policy**

The cancellation fee for a program is \$5 prior to the beginning of the second class. Refunds will not be given if requested after the second class meeting unless for medical reasons. If a refund is requested for medical reasons, a prorated share of fees paid will be refunded. For special events or one day programs, requests must be made prior to the start of the class. A full refund will be given for any program cancelled by the Parks and Recreation Department.

## **Enrollment Minimums**

Each program has a minimum number of participants needed to make it a success. We encourage early registration for programs to avoid any unnecessary cancellations due to insufficient registrations. Programs are cancelled 72 hours prior to their start date if the minimum is not met. Please enroll at least one (1) week in advance for everyone's benefit. Thank you for your participation.