



# RECREATION PROGRAMS

## Registration/Application Form

Please complete this application for NLRPR recreational programs.  
(Additional Registration options available on other side if needed)

### Participant Information

*Please Print*

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

Birth date \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

CC Membership Number: \_\_\_\_\_

Grade (2015-2016 year): \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Additional Parent's/Guardian's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Additional Emergency Contact Info:

Work-Phone: \_\_\_\_\_ Cell-Phone \_\_\_\_\_

Name \_\_\_\_\_

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

Relationship \_\_\_\_\_

Sibling Participants 1. \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

**Community Center** (check one):

- Glenview CC
- North Heights CC
- Sherman Park CC
- Rose City CC

*Please provide information on allergies, medications, and other restrictions that may affect ability to ensure child's safety in the participation of activities in the ASpire program.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSUMPTION OF RISK RELEASE OF LIABILITY**

It is understood that the North Little Rock Parks and Recreation Department (NLRPR) does not provide medical insurance covering injuries of any nature incurred during recreational programs at NLRPR facilities or during the transportation of participants to and from activities or special events. The undersigned hereby releases the NLRPR, its successors, assigned officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing or resulting from participation in the program. All participants should be covered by their own insurance.

**Participant's or Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If participant is under 18 years old, parental signature is required.*

**WAIVER RELEASE FORM**

I hereby authorize the staff of the NLRPR to act for me according to their best judgment in any emergency requiring medical attention involving my child. I waive and release said director, staff members and the City of NLR from any and all liability for all injuries and illnesses incurred while in the program.

**Participant's or Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If participant is under 18 years old, parental signature is required.*

**PHOTO WAIVER RELEASE FORM**

I hereby grant NLRPR specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken during the program, for use by NLRPR.

**Participant's or Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If participant is under 18 years old, parental signature is required.*

**For Office Use Only**

Date Rec'd: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Receipt # \_\_\_\_\_