

2016 Summer Activities Program (SAPling)

NLR PARKS & RECREATION

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 _____

Parent's/Guardian's Name _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____ Cell-Phone _____

Email Address: _____

T-shirt Size: Circle

YS YM YL AS AM AL AXL 2X 3X

Birth date ___/___/___ Age: ___

***Grade (2016-2017 year)** _____

Additional Parent's Guardian's Name: _____

Work-Phone: _____

Cell-Phone: _____

Emergency Contact Info:

Name _____

Relationship _____

Phone _____

Program Information

Select all that apply

circle fee(s) to be paid

Community Center

(select one):

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

Program/Class - Session

- Session 1 (June 6-June 24)
- Session 2 (June 27 - July 8)
- Session 3 (July 11-July 22)
- Session 4 (July 25-Aug 5)
- Mini Skills Camp (Aug 8 -Aug 12)

Fees

- \$65
- \$45
- \$45
- \$40
- \$25

Total Payment Due: _____

Early Registration discount if you register and pay for ALL Focus Camps by May 27th-\$175⁰⁰ DOES NOT INCLUDE MINI SKILLS CAMP FEES

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 # _____