

ADAPTIVE REGISTRATION FORM ACTIVITY: _____.

Participant: _____ Age: _____ Sex: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Parent/Guardian: _____

Alternate person to contact (for emergency): _____ Phone: _____

Special Education Classification/Disability: _____

Doctor's Name: _____

Check (X) if participant is: _____ Subject to Seizure _____ Hearing Impaired
_____ Visually Impaired _____ Non-Ambulatory

List any Allergies: _____

List any Medication: _____

List any Dietary Restrictions: _____

Provide any information that you feel will assist our staff in accommodating the participant:

Emergency Treatment Permission: I Do____/Do Not _____, agree to emergency treatment by a physician or hospital in the event I cannot be reached.

Photo Permission: I Do____/Do Not _____, grant permission for the participant's picture to be used in publicity or brochures related to the Fairbanks North Star Borough Parks & Recreation Programs.

I, the undersigned, in consideration of permission granted to the above-named Participant by the FNSB to participate in FNSB Parks & Recreation Programs, hereby and forever discharge and release on behalf of myself, my child or ward, our heirs and assigns, the FNSB along with its employees and volunteers, from all claims, demands, Damages, actions and causes of action whatsoever, including but not limited to claims for property loss, personal injury, or death, arising from participation in the program or activity. I agree to abide by all applicable Parks & Recreation Department Rules & Regulations for activities in which participant participates. I, the undersigned, have read and fully understand the provisions of the above release and have explained it to my child/ward if appropriate.

SIGNATURE: _____ DATE: _____

Adult Participant or Parent/Guardian

Please return to: Fairbanks North Star Borough, Department of Parks & Recreation
P.O. Box 71267, Fairbanks, AK 99707-1267 or Fax to (907) 459-1072.