

MAIZE RECREATION SPORTS CAMPS REGISTRATION FORM

Return to: Maize Recreation, 10100 Grady Ave., P.O. Box 205, Maize, KS, 67101 or Register online at www.maizerec.com

Name _____ Age & D.O.B. _____

Address _____ City _____ State _____

Zip _____ M _____ F _____ Grade _____

Home Phone _____ Cell Phone _____

E-mail _____

Parent / Guardian (if participant is a minor) _____

Emergency Name and Numbers _____

Special Medical Information _____

Shirt Size (only if applicable-the guide information will indicate if there will be a t-shirt)
YS YM YL AS AM AL AXL AXXL (please circle)

CAMP _____ Fee _____

CAMP _____ Fee _____

SCHOLARSHIPS ARE AVAILABLE: Inquire at the Maize Recreation Office.

Release: I acknowledge that by my signature below, the registrant listed above is participating in the Maize Recreation Commission (MRC) programs at his/her own risk. MRC, Maize USD 266, City of Maize, successors and assigns shall not be held liable for any accidents, illness, injury or damage to property. MRC does not provide any medical insurance for participants. Parents/Guardians are responsible for insurance. Parents must sign for children, 18 and under, entering program. Registration not valid without signature.

Model Release: The undersigned and participant authorize the Maize Recreation Commission to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

Medical Release: In case of a medical emergency and I cannot be contacted; I give my permission for a MRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the MRC staff is not allowed to administer any medications.

Conduct: The undersigned and participant agree to abide by all the policies and guidelines set forth by the MRC regarding this program and violations could result in being expelled from the activity with no refund.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature _____ Date _____
(Parent/guardian must sign if participant is 18 years and under)