

Registration Form

Adult's Last Name: _____ Adult's First Name: _____

Home Phone (____) _____ Day Phone (____) _____ Message Phone (____) _____

Address _____ City _____ Zip _____

Participant Name	Birth Date	Activity Name / Date	Fee \$
Please consider helping others with a donation to our youth programs:			
Total:			

In consideration for the Thurston County Parks and Recreation Department accepting my and/or child's entry into this class/program, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of the activity. In addition, I hereby release Thurston County Parks and Recreation and its employees and agents, from any and all claims for personal injuries. I agree that pictures taken during class/program hours may be used for future promotional purposes. In absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.

Parent/Guardian Signature _____ Date _____

Payment Method: Check one

Check # _____ Cash

Visa Mastercard

Card Number: _____ - _____ - _____

Expiration Date: ____ / ____

Security Code on back of card _____

Cardholder Name and Billing address if different then above:

Zip

**Thurston County
 Parks & Recreation**
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 Olympia WA 98502

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