



110 Train St SE, PO Box 489, Orting, WA 98360
 Phone: (360) 893-2219 Ext. 120 * Fax: (360) 893-6809
 Email: parks@cityoforting.org
 Website: www.cityoforting.org

PROGRAM REGISTRATION FORM

Participants Name: _____ M / F
 Birthdate: ____/____/____ Age (when program starts): ____ Grade: ____
 Class/Program (1) _____
 Class/Program (2) _____
 Circle T-shirt Size: *Youth*-Small /Medium/ Large *Adult*- Small/ Medium/ Large/X-large
 Last Year's Coach (1) _____ (2) _____
 Buddy Request (Must spell name correctly): _____
 Mailing Address: _____ City _____ Zip Code _____
 Physical Address: _____ City _____ Zip Code _____
 Phone (H)(____) _____ (W)(____) _____
 Cell (____) _____ Text Y / N Email _____
 Parent Names (Mom) _____ (Dad) _____
 Reside in: Orting City Limits: ____ Unincorporated Pierce Co.: ____ Other ____
 Emergency Contact (not a parent) _____ Phone Number _____

Would you or know someone who would like to coach/volunteer? Sport _____

Name _____
 Email _____ Phone _____

Is there pertinent medical information that the program coordinator should know about participant? Yes / No
 Explain: _____

- The City of Orting DOES NOT provide medical or accidental insurance coverage. The participation is responsible. If participant is a minor, parent/guardian is responsible. I do hereby waive all claims of legal actions, financial or otherwise, against the City Of Orting, its hired or contracted instructors and their employees and agents, and give permission for any of the above to seek medical attention.
- HOLD-HARMLESS CLAUSE: I/we assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and hold harmless the City of Orting for any claim arising out of any injury to myself or my/our minor child.
- I grant the Orting Parks and Recreation Department permission to photograph myself and/or my child/ward and use the photos in displays and promotional materials. This document shall serve as a release for myself, my child/ward and our heirs, estate successors and all members of our family.
- I have signed this release voluntarily, with full understanding, under penalty of perjury, under laws of the State of Washington.

Participant Signature (Parent/Guardian if under 18): _____ Date: _____
 In absence of signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in the release.

Payment Policy: Orting Parks and Recreation offers families to pay by Cash, Check, Debit, Credit or online. Payment by Debit will be charged a processing fee of \$1.00 plus the registration fee. Paying by Credit Card will be charged a \$2.00 processing fee plus the registration fee. All returned checks must be paid in cash and will accrue a \$40.00 NSF fee in addition to amount of the original check.

Registration Information

- 1) **By Mail:** You may mail registrations to Orting Parks & Recreation * PO Box 489, Orting, WA 98360
- 2) **In Person:** City Hall, 110 Train Street SE, Orting WA 98360
- 3) **Online:** www.cityoforting.org

Payment Options: Check, Cash, Debit (\$1.00 Fee), Credit Cards (\$2.00 Fee) or Online

Please make checks payable to: City of Orting \$40.00 service charge for all checks returned NSF.

Registrations (Forms and Payment) are processed on a first come, first serve basis.
 Pre-registration and payment of fees in advance are required for all programs. No confirmation will be sent.