



PO Box 489 * Orting, WA 98360 * 360.893.2219 ext. 120
recreation@cityoforting.org * www.cityoforting.org

Participant Name: _____ M / F
Birthdate: ____ / ____ / ____ Age (when program starts): ____ Grade: ____
Class/Program (1): _____
Class/Program (2): _____
Circle T-Shirt Size (if needed): *YOUTH* Small / Medium / Large *ADULT* Small / Medium / Large / XL
Coach Request/Last Year's Coach: _____
Buddy Request (Must spell name first/last name correctly): _____
Mailing Address: _____
Best Phone to Contact: (____) _____
Email Address: _____
Parents Names (Mom): _____ (Dad): _____
Emergency Contact (not a parent (Name and Phone): _____
Reside in: City Limits: ____ Unincorporated Pierce County: ____ Other: ____
Is there pertinent medical information that the program coach/program coordinator should know about participant? No / Yes: _____

Would you or know someone who would like to coach? Sport: _____
Name: _____
Email: _____ Phone: (____) _____

- **The City of Orting DOES NOT provide medical or accidental insurance coverage-the participant is responsible. If the 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, it's hired or contracted instructors and their employees and agents, and give permission for any of the above to seek medical attention. Intls: _____**
- **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 claims arising out of any injury to myself or my/our minor child. Intls: _____**
- **I grant the Orting Parks and Recreation Department to photograph myself and/or my child/ward and use the photos in 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. Intls: _____**
- **I have signed this release voluntarily, with full understanding, under penalty of perjury, under laws of the State of Washington. Intls: _____**
- **Payment Policy: Orting Parks and Recreation offers families to pay cash, check, debit, credit in the office. Payments by debit will be charged at processing fee of \$1.00 plus the registration fee. Paying by credit card will be charged \$2.00 plus the registration fee. All returned checks must be paid in cash and will accrue a \$40.00 NSF fee in addition to the amount of the original check. You may also pay online from our website. Intls: _____**
- **Refunds: All refunds must be submitted in writing to be considered. No full refunds will be allowed after the start of the program. Any refunds will access at \$20.00 Administration Fee plus any costs that may have accrued for the participant in the program. Intls: _____**

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

All Registrations (Forms and Payment) are processed on a first come, first serve basis as space is limited