

Alma Rec. Commission
P.O. Box 444 Alma, KS
66401

ACTIVITY REGISTRATION FORM

Participant's Name _____ GIRL/BOY _____ AGE _____
Street or _____ (Circle one.) (As of Aug. 1st current year.)
Mailing _____
Address _____ Grade _____ Birth date _____ *

City _____ State _____ Zip _____ e-mail address _____

Home phone _____ Work phone _____ Cell _____

Emergency contact _____ Phone _____ Relationship _____

NAME OF SPORT _____ (Write in)

Has child played this sport before? Yes _____ No _____

Please Circle Youth: youth small(6-8) youth med(10-12) youth large(14-16)

Shirt Size: ADULT: SM MED LRG XL XXL

(* Include a copy of birth certificate if one is not on file from another sport with the Alma Rec.)

Volunteers are a vital asset in success of all programs

Will you HEAD COACH? Yes _____ No _____

Assist Coach? Yes _____ No _____

Name _____ Phone _____ e-mail _____ shirt size _____

Name _____ Phone _____ e-mail _____ shirt size _____

Waiver for Participant

In consideration of your accepting this entry, I hereby for myself, my child, my heirs, executors and administrators waiver and release any and all rights and claims for damages I or my child may have while participating in an Alma Rec. program or sport. I assume all risks and hazards incidental to participation and I waive, release, resolve, indemnify and agree to hold harmless the Alma Recreation Commission, The City of Alma and its organizers, sponsors and supervisors. **NOTE: Parent or Legal Guardian must sign for any child entering a program.**

(* Include a copy of birth certificate if one is not on file from another sport with the Alma Rec.)

SIGNED _____ DATE _____

Make checks payable to ALMA REC.

Mail registration form and payment to: Alma Rec.
PO Box 444
Alma, KS 66401

Questions call: Jim Schmitz 765-3751 or Jason Fleming 765-5045 you can also
e-mail us at: alma.rec@hotmail.com

Alma Rec. Use Only: Method of Payment: Cash _____ Check _____ Received by: _____
