



Toppenish Parks & Recreation
 20 Asotin Avenue
 Toppenish, WA 98948
 509-865-5150

YOUTH REGISTRATION FORM

Activity:

The city is requesting information on your race to be used by the city for additional federal funding. Providing information on your race is voluntary and you are under no obligation to provide the information. Under no circumstances will the city deny participation in a recreational program to an individual on the basis of race or otherwise discriminate against an individual on the basis of race.

Please indicate your child's ethnicity:

White Hispanic American Indian Black Other

Participant Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Birth Date:
-------------------	---	------	-------------

Physical Address:	City:	Zip Code:
-------------------	-------	-----------

Home/Cell Phone:	Message Phone:
------------------	----------------

Name(s) of Parents:	E-mail Address:
---------------------	-----------------

Special requests or coaching requests – all requests will be honored only if there are spaces available:

Participant Shirt Size – please check size:

Youth	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	
Adult	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large

Can you coach a team? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:	Phone:	T-shirt Size:
---	-------	--------	---------------

**If you coach, your child's registration is free of charge.*

I (we) am/are the parents(s) or legal guardian of the above named child who desires to participate in the City of Toppenish activity. It is important to me(us) this child be allowed to participate in this activity. I(we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my(our) child to participate in this sponsored activity and/or use of City facilities I(we), on behalf of myself(ourselves) and on behalf of the above named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I(we) further agree, individually and on behalf of the above named child, to release and hold harmless the City of Toppenish, its officials, employees and agents and agree to waive any right of recovery that I(we) may have to claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above name child to participate in the activity described above.

I understand there are no refunds unless the program is cancelled due to insufficient registrations. _____ initial

Consent to Participate:	Date:
-------------------------	-------

Signature of parent or guardian.

For City Hall Use Only	Date Received:	By:
------------------------	----------------	-----

Amount Paid:	Receipt #:
--------------	------------