



Registration Form

If program selections are with different agencies, please photocopy this form and submit individually with separate payments.

Parent/ Guardian (if participant is under 18yrs) Day Phone Evening Phone Cell Phone

Address City State Zip

Person to contact in case of emergency Phone Cell Phone Relationship

Participants First and Last Name	Date of Birth	Agency	Program Name	Program Dates	Program Time	Location	Fee

NOTE: Birthday is mandatory for registration

Payment(circle one): Master Card Visa Check Cash (in person only) Certificate Money Order Total \$ _____
Card # _____ Expiration Date _____

Signature _____ Please contact individual agencies regarding refund policies and scholarships

Waiver

I give permission for the participant(s) listed above to participate in the program activities listed above. I acknowledge that the activities may be hazardous, and in an emergency, the personnel from the agency providing the program have my permission to administer first-aid and call emergency services. I hereby release and hold harmless the agency providing the program, its officers, agents and employees from all claims, actions and demands that may arise from participation in the above activities. I agree that photographs taken may be used for future promotional purposes.

Participants Signature or Parents/Guardian (if under 18) _____ Date _____

County Parks Reservation Request

First Name Last Name Address City State Zip

Daytime Phone Home Phone Arrival Date Departure Date

Park (circle one): Barton Metzler Feyrer Eagle Fern(day use only) Type of Request: Camping Picnic Covered Area Non-Covered Area

No. of Sites: _____ Preferred Campsites: _____ Accommodations: Tent RV/Trailer Length _____ ft.

Comments: