AUBURN PAR	RKS, ARTS & REC	REATION REGIS	TRATION FORM			
Participant Last Name		_ First Name				
Parent/Guardian Last Name		First Name				
Address		City		Zip	Zip	
Email		Cell Phone		Other Phone	Other Phone	
Participant Birthdate		Gender	School		Grade	
T-shirt size (circle) Youth Small (6-8) Youth Medium (10-12)		Adult Small (32-34)	Adult Medium (36-38)	Adult Large (40-42)	Adult XL (44-46)	
Activity Name	Bar Code #		Activity Day(s)/Time	e(s)	Activity Fe	
the Auburn Parks, Arts & Recreation Department, I understand the but not limited to, the risk of serious physical injury, death or othe activity or being transported by vehicle to and from the activity. agents, or contracted instructors, and any other person(s) involve as a result of my participation or my child's participation in this a responsibility for the cost of treatment for any injury, losses, dany voluntary consent for myself or the above-named child to participation or my child and permission to use or copy taken during classes for publicity purposes by the Auburn Parks, and authorize any necessary emergency medical treatment that migractivity and that I am personally responsible for the costs of any child's behalf. I am aware of the legal consequences of signing this document a strictly voluntary.	ner harmful consequence. I hold harmless, releass ed in this activity for an activity/activities, the us mages or death suffered ipate in the activity designate, and re-use, publicants & Recreation Departs to required for mys medical treatment, inclination.	ces which may arise de and waive all claims by and all property date of City of Auburn fad by myself or my chill cribed above and to builsh, or re-publish phoartment. Self or this child in the luding transportation	directly or indirectly from a strong have against the C mages, injuries, losses, da acilities, and/or transportal dwhile taking part in this petransported to and from a tographic pictures, video e event of physical injury a to the hospital and any h	my or the child's parti- city of Auburn, its offic amages or death suffer ation to and from the activity/activities. I gr in the activity. electronic images or co and/or accident while prospital costs, rendered	icipation in this cials, employees, ered by me or my clactivity. I accept fur ant my full and other reproduction participating in this don my behalf or	
Parent/Guardian Signature				Date		
Parent/Guardian Name (Please Print)						

- Mail-in: First come, first served. Send your completed form and payment by check or credit card to Auburn Parks, Arts & Recreation, 910 9th Street SE, Auburn, WA 98002
- Walk-in: Registrations are processed Monday-Friday, 6:30 AM-9:00 PM and Saturday 8:00 AM-4:00 PM at the Auburn Community & Events Center, 910 9th Street SE, Auburn, WA 98002
- Fax: For your convenience, fax your completed form with VISA/MasterCard/Discover/American Express information to 253-931-4005. Your registration is processed the next working day.