

Official Use Only

Jr Crew Winter Camp	Session dates: Dec 20,22, Jan 3,5,10,12,17 & 19 Tuesday and Thursday
	Times: 3 PM to 5 PM
	Location: Jenson Pt
	Returning rowers only
	Fee: \$130
	CCW____PP____RFA_ None for Camp __
Payment Amnt: _____ TYPE: CC ____CHK# _____Cash _____ Date _____	

Registration Information: Please complete side 1 and 2 of this form. If you have a Park District On-line Profile fill out the * lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases on side 2.

* Name of Participant: _____

* Date of Birth: _____ Grade: _____ Age _____

* Parent or guardian name: _____

* E-mail: _____ I do not wish to Receive promotional e-mail

Primary phone: _____

Secondary phone: _____ Other phone: _____

Mailing address: _____

Home address if different from above: _____

Emergency contact: _____

(Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: _____ Relation: _____

Emergency back-up contact: _____

Phone: _____ Relation: _____

I DO or DO NOT have any medical conditions.

Please list all medical conditions: _____

Doctor name: _____ Doctor phone: _____

Location: _____

How did you hear about this program? Newspaper Website Mass email Poster

School registration packet Word of mouth Billboard Repeat session Other

Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

Yes! I want to **donate** VPD's Reduced Fee Awards Fund. Amount: _____ Thank you!

Disclaimer, Release and Waivers



Vashon Park District Refunds & Cancellations: Refunds will be issued only if requested no fewer than 7 business days prior to program start date OR in the event of documented medical reason or significant family emergency. ALL refunds will be assessed a \$25 processing fee.

Disclaimer: In consideration of the Vashon Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.

Signature: _____ Date _____
(Parent/Guardian/Participant if 18+ years old signature)

Please print name _____

Photo Release:

I hereby give to Vashon Park District, its designees, agents, and assigns, perpetual, non-exclusive, royalty-free, and unlimited permission to use, publish and republish reproductions of my or my children's likeness (photographic or otherwise), with or without identification of me or them by name, in print, electronic, or any other medium, including but not limited to our web site and in any publicity or other materials.

Consent of parent or legal guardian if above individual is a minor

I consent and agree, individually and as a parent or legal guardian of the minors name listed below, to the foregoing terms and provisions.

1) _____ 2) _____ 3) _____

Signature of Parent or Legal Guardian _____ Date _____ Relationship to minor _____

Concussion Waiver:

I, _____, have read and understand the **Concussion Information sheet** provided by Vashon Park District and hereby release VPD, the VI School District, their employees, agents, volunteers, and designees from any liability related to my child suffering a Concussion/Head Injury while engaging in this activity. Parent/Guardian Initial _____

Mail completed form to: VASHON PARK DISTRICT, P.O. BOX 1608 Vashon, WA 98070 or
Place in the secure mail slot drop box on the north entrance of the District Office at Ober Park facing the parking lot or
register online at www.vashonparkdistrict.org.