



P.O Box 2215 Sisters, Oregon 97759

## Participant Mail-In Registration Form

### Registration

To reserve your spot at GNW Sports Camps you may send this form accompanied by a check made out to "Sisters Park and Recreation District" for the \$100 deposit. To register in full please include the amount listed below.

#### Individual:

\$490 if registered by: April 30th

\$525 if registered by: May 29th

\$550 if registered after: June 12th

**Team Rate** (5 or more): \$ 50 Discount per athlete.

*(To be eligible for the team rate all athletes must be registering at the same time. Team registration rates are not available through our website, but can be accepted over the phone or by mail.)*

#### Athlete

Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F Grade: \_\_\_\_\_ D.O.B \_\_\_\_\_ T-Shirt Size: YL, XS, S, M, L, XL, XXL

Emergency Contact: *(other than parent we will always call the parents first)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to athlete: \_\_\_\_\_

Please list all Allergies, Medical Conditions, and dietary restrictions:

\_\_\_\_\_  
\_\_\_\_\_

#### Primary Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email \_\_\_\_\_

#### INFORMED CONSENT/PARTICIPANT RELEASE

I, the participant or the parent/guardian of the above named participant understands the possibility of injuries resulting from the activities indicated above or other activities sponsored by Sisters Park and Recreation District (SPRD). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities I hereby release, absolve, indemnify and hold harmless SPRD and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against SPRD, its directors, employees and agents. I understand there is no insurance coverage provided by SPRD for participation and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of SPRD, is involved in the transportation of participant in connection with SPRD activities, I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or a trained emergency care technician. I agree that SPRD may use, reproduce, disclose and distribute participant's name and/or likeness for SPRD marketing purposes. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that SPRD is relying on such acceptance in permitting participant to engage in SPRD programs.