



General Registration Form

Please return this form and registration fee to the Mulvane Recreation Center at 632 E. Mulvane St., Mulvane, KS 67110. **PLEASE NOTE: No Refunds or Credits unless class is cancelled by MRC.**

Name: _____ Age & DOB: _____

Address: _____ City & Zip: _____

M _____ F _____ Grade: _____ (if applicable) Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian (if participant is a minor): _____

Emergency Name & Phone: _____

Alternate Emergency Name & Phone: _____

Special Medical Information: _____

Activity _____ Fee _____

Activity _____ Fee _____

Activity _____ Fee _____

Total Amount Enclosed _____

Release: I acknowledge that by my signature below, the registrant listed above is participating in the Mulvane Recreation Commission (MRC) programs at his/her own risk. MRC, Mulvane USD 263, City of Mulvane, successors and assigns shall not be held liable for any accidents, illness, injury or damage to property. MRC does not provide any medical insurance for participants. Parents/Guardians are responsible for insurance. Parents must sign for children, under 18, entering program. **Registration not valid without signature.**

Model Release: The undersigned and participant authorize MRC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

Medical Release: In case of a medical emergency and I cannot be contacted; I give my permission for an MRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the MRC staff is not allowed to administer any medications.

Conduct: The undersigned and participant agree to abide by all the policies and guidelines set forth by the MRC regarding this program and violations could result in being expelled from the activity with no refund. I further agree to follow the Parents' Pledge of Conduct if applicable.

Signature (parent/guardian if participant is under 18 years old.) _____

Date _____

Please fill out fitness class release form if applicable.