

**NEWTON RECREATION COMMISSION**

Aquatics/Programming Registration Form  
**PLEASE PRINT**

Return completed form with check payable to:  
**NRC, 415 N. Poplar, Newton, KS 67114**

Activity Name	Start Date	Activity Time	Participants Name	DOB	Grade	School	Gender	Fee
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

How did you hear about this program? \_\_\_\_\_ **TOTAL DUE:** \_\_\_\_\_

**PARTICIPANT WAIVER:**

I, the undersigned, do hereby acknowledge that the above named participant(s) have chosen to participate in the above named activity(ies) with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Newton Recreation Commission and all of its representatives free from liability for any injury, harm and complication resulting from said participation in the above named activity(ies). Furthermore, I do understand that accident insurance is not provided by the Newton Recreation Commission and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above named participant(s) in said activity(ies). The Newton Recreation Commission reserves the right to use photos of NRC participants for promotional purposes. If you have photos of you or your children participating in NRC activities and would like to share them for possible publication in future program guides please bring the photo's by the NRC office.

**I HAVE READ AND UNDERSTAND THE PARTICIPANT WAIVER STATEMENT:**

\_\_\_\_\_ Adult or Parents Name (Please Print) \_\_\_\_\_ Signature of Adult or Parent \_\_\_\_\_ E-mail Address

Address: \_\_\_\_\_  
Street City State Zip Home Phone Cell Phone Work Phone

\*\*\*If you would like to receive text messages for NRC updates and cancelations please provide your cell carrier (*Data Rates May Apply*): \_\_\_\_\_

*We have started a new campaign for our scholarship funds. Would you like to add a \$1 to your total today? Y N*

**Office Use Only:**

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials: \_\_\_\_\_