

**HUSD SPRING 2012 RECREATION PROGRAM
REGISTRATION**

Parent/Guardian Information:

Name:	Home Address:		
Home Phone:	Work Phone:	Cell Phone:	
Email Address:	Emergency Contact:	Emergency Contact Number:	

Participant Information:

Last Name:	First Name:	Age:	Grade:	D.O.B.
Health Concerns:				

I give my permission for my son/daughter to participate in organized HUSD recreational programs; realizing that such activity involves the potential for injury which is inherent in sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strictist observance of rules injuries are still a possibility.

Parent/Guardian signature: _____ Date: _____

**** Refunds for Recreation programs will only be given due to cancellation of program or with approval of the Recreation Supervisor. No refunds will be given for any other reason. No additional discounts or credits will be given for missed days.****

Enrollment Agreement: I, _____, certify I am the legal guardian of _____. I understand that only the legal guardian may make changes to this Agreement.

I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending should the program determine the behavior(s) poses a safety risk to my child, peers, or program staff, or if it is determined that the child's behavior cannot be safely managed within the program.

Signature: _____ Date: _____

Optional: I hereby grant my permission for my child's photograph to be taken at Recreation programs for purposes of brochures, newspaper articles and/or news releases. Use of these images will be at the discretion of Community Education/Recreation administration.

Signature: _____ Date: _____

Total Cost \$ _____

Note: Tax credit donations may not be used for this program