



ACTIVITY REGISTRATION FORM

DEPARTMENT OF PARKS, RECREATION AND PUBLIC LANDS
 390 NORTH 23RD STREET
 BILLINGS, MT 59101
 (406) 657-8371

For information regarding Parks and Recreation, log onto:
www.prpl.info

(PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY)



HEAD OF HOUSEHOLD	LAST											FIRST											M.I.					
	ADDRESS																											
	CITY											STATE			ZIP CODE					COMMENT								
	(HOME)			—			(WORK)			—			(EMERG.)			—			OFFICE USE									

PARTICIPANT INFORMATION			DATE OF BIRTH	SEX	MEDIC ALERT	ACT. #	ACTIVITY NAME (DESCRIPTION)	MISCELLANEOUS		ACTIVITY FEE	NON-RES. FEE	TOTAL FEES
LAST	FIRST	M.I.						DISC.	FEE			
FAMILY'S E-MAIL ADDRESS: (REQUIRED FOR ON-LINE REGISTRATION)						MEDIC ALERT INFO., COMMENTS, ETC.					\$	

REFUND POLICY

Activities are either offered or cancelled based on enrollment since the fees collected must offset personnel, equipment and other expenses. Sufficient time is also necessary to notify registrants when program is cancelled. Therefore, any requests for a refund must be made at least 3 business days prior to the scheduled starting date - requests after this time will not be considered. We cannot be responsible for circumstances beyond our control. There will be a \$5.00 service charge - processing fee for each activity refund processed. In the event an activity is filled, cancelled or a schedule change prohibits participation, a full refund will be issued. Please allow 2-3 weeks for refunds to be issued and mailed.

INFORMED CONSENT/PARTICIPANT RELEASE

In consideration of your accepting mine or my child's entry, I hereby for myself, my child's, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Billings and/or School District #2 and it's representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored or coordinated by either of these groups. I hereby release from liability and waive any and all claims against any person who, on behalf of the City, is involved in the transportation of participant in connection with sponsored activity. 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 trained emergency care technician. I agree that the City may use, reproduce, disclose, and distribute participant's name and/or likeness for the purposes of marketing and advertising. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the City is relying on such acceptance in permitting participant to engage in the City's activities.

METHOD OF PAYMENT

1. CASH
 2. CHECK # _____
 3. CREDIT CARD
 VISA MASTERCARD

CARD NUMBER: _____

* SECURITY CODE: _____
 *(LAST 3 DIGITS ON BACK OF CARD)

EXP. DATE: _____

AMOUNT ENCLOSED:
 \$ _____

TODAY'S DATE _____

X SIGNATURE OF PARENT / GUARDIAN
 OR ADULT PARTICIPANT _____