

**Orland Recreation---Registration Form**

Parents Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participants Name	Grade	Age	Program	Fee	Shirt-Size

In consideration of being permitted to participate in the program mentioned above for recreational benefits to myself or my heirs, I and my heirs & assigns do hereby release, discharge and covenant not to sue the City of Orland, it's agents, officers and employees of the Orland Unified School District arising out of any personal injury, death or property damage that is incurred during said participation by myself or my heirs whether active or inactive, including negligent actions of the aforementioned providers. I also fully understand that there may be some risks involved in participation in the above activity including but not limited to those associated with weather conditions, facility conditions, equipment and other participates. I have read this document. I elect to accept all risks associated with the participation in said activity and I, voluntarily sign my name evidencing my acceptance of the above provisions.

Signature: \_\_\_\_\_

<i>Official Use</i>	Amount	Received By	Date
Check # / Cash			