



City of Orland Recreation Youth Program/Activity Waiver



815 4th Street
Orland, Ca 95963
(530) 865-1630
orlandrec@cityoforland.com

Program or Activity Registering For:

(Please indicate what program you are signing up for on the line below)

Official Use Only:

Check #: _____ Cash: _____ Card: _____

Received By: _____ Date: _____

Parent/Guardian Information:

Parent/Guardian: _____

Phone: _____

Email: _____

Alternate Phone: _____

Address: _____

Emergency Contact: _____

Phone: _____

Notes: _____

Do you live in the City Limits of Orland: YES NO

Participant #1 Information:

Participants Name: _____

Age: _____

Date of Birth: _____ Grade: _____

Gender: _____

Shirt Size: **Youth:** YS YM YL YXL **Adult:** AS AM AL AXL AXXL

Shirts are ordered based on the size you specify. You will be billed the replacement cost if you order the wrong size shirt

Notes: _____

Participant #2 Information:

Participants Name: _____

Age: _____

Date of Birth: _____ Grade: _____

Gender: _____

Shirt Size: **Youth:** YS YM YL YXL **Adult:** AS AM AL AXL AXXL

Shirts are ordered based on the size you specify. You will be billed the replacement cost if you order the wrong size shirt

Notes: _____

Participant #3 Information:

Participants Name: _____

Age: _____

Date of Birth: _____ Grade: _____

Gender: _____

Shirt Size: **Youth:** YS YM YL YXL **Adult:** AS AM AL AXL AXXL

Shirts are ordered based on the size you specify. You will be billed the replacement cost if you order the wrong size shirt

Notes: _____

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.

Parent/Guardian Signature: _____

Date: _____