

SENIOR PROGRAM REGISTRATION FORM

Activity: _____

Name: _____ Age: _____ Sex: _____ Birthdate: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Fax: _____

Emergency Contact: _____ Relationship: _____ Phone _____

Alternate Contact: _____ Relationship: _____ Phone _____

Doctor's Name: _____

Check if participant is: Subject to seizure Hearing impaired Visually impaired Non-Ambulatory

List any Allergies: _____

List any Medication(s): _____

List any Dietary Restrictions: _____

Provide any information that you feel will assist our staff in accommodating your participation:

Photo Permission: I Do Do Not , grant permission for my photograph to be used in publicity or brochures related to the Fairbanks North Star Borough Parks & Recreation Programs.

I, the undersigned, in consideration of permission granted to the above-named Participant by the FNSB to participate in the Senior Program and/or Activity referenced above, hereby and forever discharge and release on behalf of myself, my heirs and my assigns, the FNSB along with its employees and volunteers, from all claims, demands, damages, actions and causes of action whatsoever, including but not limited to claims for property loss, personal injury, or death, arising from participation in the program or activity. I agree to abide by all applicable Parks & Recreation Department Rules & Regulations for activities in which I participate.

Signature _____ Date: _____

If you are unable to submit this form online, please return to: Fairbanks North Star Borough, Department of Parks & Recreation, P.O. Box 71267, Fairbanks, AK 99707-1267 or Fax to (907)459-1072.