



PROGRAM REGISTRATION FORM (ADULT)

Last Name: _____ First Name: _____ Program: _____

Birthdate: _____ Age: _____ Gender: Male Female SHIRT SIZE: _____ (AS; AM; AL; AXL; AXXL)

Address: _____

E-mail: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

HOLD HARMLESS AGREEMENT

I, _____ understand there are inherent risks involved with participation in recreation activities and do hereby knowingly and willingly consent to participate in the above mentioned program. In consideration of the acceptance of the above entry as a member of the program conducted by the Fulton Parks and Recreation Department, I do hereby waive, release and forever discharge any and all rights and claims for damages, which may hereafter accrue to me against the Parks and Recreation Department of the City of Fulton, and their representatives or successors, and/or arising out of travel to and return from said activities conducted through the year.

Signature of Participant

Date: _____

FORMS SHOULD BE RETURNED TO:
PARKS AND RECREATION DEPARTMENT
P.O. BOX 130 or 18 East 4th St.
FULTON, MO 65251
PHONE: 573-592-3190
FAX: 573-592-3199
Forms may be placed in Utility Drop
Box at City Hall.

The City of Fulton Parks & Rec Dept has a scholarship program available and we encourage people of all income levels to participate in our programs.

The Parks & Recreation Dept. also welcomes people of all abilities to participate in its programs We will make all reasonable efforts to include people of all ability or skill levels.

--- FOR OFFICE USE ONLY ---

Registration Fee Paid: \$ _____

Balance Due: \$ _____

Received By: _____

Method of Payment: Check Cash Debit / Credit Scholarship
 3% Credit Fee

Date: _____