

ACTIVITY REGISTRATION FORM FOR CITY OF TROUTDALE

Form also available online at www.troutdaleoregon.gov ~ mail, fax or drop off at : City of Troutdale 219 E. Hist. Col. River Hwy, Troutdale, OR. 97060
Mollie King-Recreation Manager 503-674-7206 Cashier 503-674-7225 City Hall 503-665-5175

NAME (PARENT/GUARDIAN if participant under 18):
First _____ MI _____ Last _____ BIRTHDATE: _____
Male (M) _____ Female (F) _____
ADDRESS: _____ CITY: _____ ZIP: _____
RECEIVE WATER BILL FROM CITY OF TROUTDALE? _____ YES/RESIDENT _____ NO/NON RESIDENT
Daytime PHONE: _____ hm/wk Evening PHONE: _____ hm/wk
Cell PHONE: _____ Preferred PHONE? hm/wk/cell (circle one)
EMAIL (print clearly): _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____
Daytime PHONE: _____ Evening PHONE: _____ Cell PHONE: _____

ALLERGIES/SPECIAL NEEDS: _____

IF YOU HAVE A DISABILITY AND REQUIRE ACCOMMODATION IN ORDER TO PARTICIPATE, PLEASE CALL MOLLIE AT 503-674-7206.

*If a child's special need requires him/her to take prescription or non-prescription medication, you must sign a consent for self-medication form.

If your child is being picked up by another adult please write it on this form.

| Participant Name (First/MI/Last) | M/F | Birthdate/Age | Class # | Class Name | Fee |
|-------------------------------------|-----|---------------|---------|------------|-----|
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REFUNDS

- Request within 2 business days (Monday ~ Friday) before the start of the program = refund of amount paid less 15% processing fee.
- Request within 1 business day (Monday ~ Friday) during or after program = **NO** refund
If the City of Troutdale cancels a program, a full refund will be issued within two to three weeks.
Completion of the registration form is required before attending any City Recreation Program.

Subtotal _____

Scholarship Donation _____

TOTAL _____

LIABILITY, MEDICAL & PHOTOGRAPH RELEASE INFORMATION :

In consideration of participation in City of Troutdale Recreation activity, participants, parents and/or guardians acknowledge that they are aware of the nature of the activity, and that there are inherent risks in any such activity, and release the City of Troutdale from liability for any and all claim for personal injuries, including injuries that arise from the negligence of someone other than the participant. Participants, and or parents/guardians of a registered minor, authorize employees of the City to seek medical treatment in the event of an accident or emergency. Participants and/or parents/guardians of registered minors understand all prescription and non-prescription medications that are taken during recreation programs shall be self-administered and hereby release the City of Troutdale from liability for any and all claims that arise as a result of the self-administration of prescription medication or non-prescription medications, or the lack of supervision over the self-administration of prescription or non-prescription medications, including claims that arise from the negligence of someone other than the participant that is self-administering the medication. All photos taken during programs may be used for promotional purposes. **Payment of fees and participation in the program shall constitute acceptance of this liability, medical and photograph release.**

REQUIRED SIGNATURE

DATE

HOW TO REGISTER

Online: Go to: www.troutdaleoregon.gov & click on the link for online registration.

By Mail: Complete this form and mail it with a check or money order made out to the "City of Troutdale" or fill in Visa/MC information.

In Person: Complete this form and submit with full payment of either check, cash, money order or Visa/MC at Troutdale City Hall.

Drop Box: After hours you may drop your completed registration and payment in the drop at City Hall. (no cash please)

By Fax: (Visa/MC only) Complete this form including your card #, exp. date and 3 digit security code and fax to 503-667-6403.

VISA/MC _____

EXPIRATION DATE _____

3 DIGIT CODE _____

WE ACCEPT DEBIT/CREDIT CARDS

Register ONLINE @ www.troutdaleoregon.gov

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