



RECREATION DEPARTMENT REGISTRATION FORM

1100 W. LINCOLN ROAD • PAPILLION, NE 68046
(402) 597-2041 (FAX) 597-2080
www.papillion.org



Parent/Guardian: _____ Date of Birth: _____ Gender: _____

Street Address: _____ City, State, Zip: _____

Phone:(H) _____ (W) _____ (C) _____

Family Email: _____

PARTICIPANT NAME	M/F	BIRTHDATE	PROGRAM	SESSION	FEE
METHOD OF PAYMENT	CASH _____	CHECK # _____	TOTAL		

Please describe any special accommodations that you or your child may require.

(Note: You will not be mailed a written receipt. Assume that you are in the activity unless otherwise notified. If you provided an email address, a receipt will be emailed to you.)

WAIVER OF LIABILITY

- ◆ I fully understand the nature of this class/activity, and I waive and release and hold harmless the City of Papillion Recreation Department and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have. This includes personal injury, death, or property damage suffered by me, or that I may cause to others as a result of my participation in this program/activity.
- ◆ I have read and clearly understand the above statement. I realize this is a contract between myself and the City of Papillion Recreation Department and is a release of liability. I sign it of my own free will. If under the age of 18, parent/guardian must sign.

Participant/Parent/Guardian: _____ Date: _____



REGISTER VIA THE WEB AT:
papillionrecdept.recware.com