



# Arkansas City Recreation Center



• 225 East 5th Ave. • Arkansas City, KS 67005 • Office: 620.441.4300 • PFC: 620.441.4304 • FAC: 620.441.2018 •

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Email: \_\_\_\_\_

It is hereby acknowledged that the signed and the registered participant will abide by the rules and regulations in the PFC and/or FAC. In case of injury, death or circumstance and in consideration of acceptance into the program the signed, the registered participant, and their respective heirs, administrator, executors, or assigns, hereby release, absolve, indemnify and hold harmless the ACRC, its subsidiary organizations and their officers, agent, employees, volunteers, and/or other participants.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_