

ACTIVITY REGISTRATION FORM FOR CITY OF TROUTDALE

This form is also available online at www.troutdaleoregon.gov ~ mail, fax or drop off at: City of Troutdale 104 SE Kibling Ave., Troutdale, OR. 97060

Mollie King-Recreation Manager 503-674-7206

Cashier 503-674-7225

City Hall 503-665-5175

PARENT/GUARDIAN NAME _____

EMAIL _____

ADDRESS _____

CITY _____

ZIP _____

PHONE NUMBERS _____

ALTERNATE PHONE _____

EMERGENCY CONTACT _____

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 the child 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	Age	Program#	Program Name	Fee

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

- 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 503-667-0524.

VISA/MC _____ EXPIRATION DATE _____ 3 DIDGIT CODE _____

WE ACCEPT DEBIT/CREDIT CARDS