



National Trail Parks and Recreation District Registration Form (One Participant Per Form)

Program / Activity	Fee
Total Fees	

Participant Registration / Contact Information

First Name _____ Last Name _____
 Street _____ City _____ Zip _____
 Cell Phone _____ Home Phone _____
 Email Address _____
 School (as applicable) _____ Grade _____
 Gender: Male Female Age _____ Birth Date of Participant _____
 Allergy/Medical Information _____
 T-Shirt Size: YS YM YL AS AM AL AXL (NOTE: For camps & youth athletics only)

Emergency Contacts

1st Contact _____ Relation _____ Phone _____
 2nd Contact _____ Relation _____ Phone _____

Parent/Guardian Information (as applicable)

First Name _____ Last Name _____
 Street _____ City _____ Zip _____
(If different from participant address shown above)
 Gender: Male Female Birth Date of Parent/Guardian _____
 I would like to coach my child's team: Yes No
 Name _____ Phone Number _____
 Would you like to be a team sponsor? Yes No
 Business Name _____ Phone Number _____

I, the undersigned, hereby assume all risks and hazards incidental to the conduct of activities and transportation to and from NTPRD while participating in this program. I do further hereby resolve, absolve, indemnify and hold harmless the NTPRD, its Board, organizers, sponsors and instructors appointed by them. I grant NTPRD and City of Springfield permission to publish in print, electronic or video format the likeness or image of my child or myself. I release all claims against the NTPRD and the City of Springfield with the respect to copyright ownership and publication, including any claim for compensation related to use of the materials. A service fee of \$25 will be imposed for all returned checks and could result in refusal of future participation. All customer-initiated program/activity withdrawals are entitled to receive a household credit for the program fee minus a 15% refund-processing fee. NTPRD reserves the right to cancel or postpone any program/activity upon which the customer is entitled to a full refund of the program fee in the form of a check.

 Signature of Parent/Guardian _____
Date

Return this form & payment to: NTPRD – 1301 Mitchell Blvd. – Springfield, OH 45503