



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 also grant NTPRD and City of Springfield permission to publish in print, electronic or video format the likeness or image of myself, or child. I release all claims against the NTPRD and the City of Springfield with the respect of copyright ownership and publication. Including any claim for compensation related to use of the materials.

Signature of Parent/Guardian

Date

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