



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 if requested in the allotted time: Camps – Two (2) days following the original registration deadline; Athletics – One (1) month following the original registration deadline; Special events/single day events/instructor-provided classes – Prior to original registration deadline. 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