

COFFEYVILLE RECREATION COMMISSION (CRC)

Building Community Through Recreation

Registration Form

REGISTRATION METHODS

Bobby Clemons Recreation Center (BCRC) located at 508 Park Street during CRC normal business hours, Monday – Friday, 9:00 am – 5:00 pm

Registrations, along with payment, can be placed in the night drop box located outside the BCRC main doors.

Registrations can be made, until the registration deadline, online at **coffeyvillerec.com**

Cash / Check / Credit / Debit

CRC PARENT / GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION

NAME OF CHILD _____ ADDRESS _____

CITY _____ ZIP _____ PHONE _____

SEX (Circle One) MALE / FEMALE DATE OF BIRTH ____/____/____ AGE _____

GRADE _____ (As of 2024-2025) SCHOOL ATTENDING _____

Please list any medical conditions / allergies _____

To whom it may concern: In the event that the above-named child is taken to an emergency room or medical care facility in my absence from attendance anytime during the activity, my child's team coaches, or any member of the CRC staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in the above named activity with full knowledge of the risks involved and I hereby agree to assume those risks and hold the Coffeyville Recreation Commission, USD 445, City Of Coffeyville, Coffeyville Community College, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication(s) of any kind.

Furthermore, I do understand that CRC does NOT provide accident insurance, and I hereby agree to assume full responsibility for all expenses resulting from any accidents or injuries suffered by the above-named child while participating in the CRC Activity provided.

I understand that a photocopy of this document shall have the same force and affect as the original.

The Undersigned consents that their, and/or child(s), likeness may be photographed and published to promote CRC programs. To opt-out, please check box.

PARENT / GUARDIAN CONSENT _____ DATE _____

A parent or legal guardian must sign all registration forms. If the parents of this child are not registering this child, proof of Legal Guardianship (typed and notarized affidavit from the court or SRS) is required to be shown, copied, and attached to this form.

ACTIVITY NAME _____ FEE \$ _____

TOTAL OWED \$ _____

