# National Trail Parks and Recreation District Registration Form

*(One Participant Per Form)*

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<th>Program / Activity</th>
<th>Fee</th>
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**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

Revised 12/21/2018