



# Anderson Mill Limited District

## Activity Registration Form

Please complete the entire form and sign waiver of liability.

<b>Adult Parent or Guardian</b>	Last Name		First Name	
	Address		Email	
	City	Zip Code	Birth Date /      /	
	Day Phone (        )		Cell Phone (        )	

Name: \_\_\_\_\_

### Waiver of Liability-Photo Release

Be sure to read and sign below: I hereby agree to indemnify and hold harmless the Anderson Mill Limited District and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the program noted above. In case of emergency my child may be treated by a qualified first responder and/or a physician/EMS Member. I give Anderson Mill Limited District the right to photograph and use the likeness of myself or my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Number	Participants Name		Birth Date M/D/YR	Sex	Activity Name	Fee
	Last	First				

Did you know that Anderson Mill Limited District is trying to build a scholarship fund so it may offer a 50% scholarship matching program? Please help us build the scholarship fund this year by donating as much as you can. Scholarships enable people to sign up for:  Learn to Swim       Day Camp       Senior Center      \$ \_\_\_\_\_      Date: \_\_\_\_\_

**Refund Policy:**

- ~All refunds will incur a \$20 processing fee.
- ~Refund/credit requests may be made by phone, fax, in person or in writing during regular business hours, M-F. Refunds must be requested at least three business days prior to the first meeting date of any registered program or activity.
- ~Workshops/1-2 Day Meeting Classes: Participants must be withdrawn and a refund requested at least 5 days prior to the scheduled start of a workshop or class to receive a refund.
- ~Full refunds will be given for any class or program cancelled by the Parks and Recreation Department. Programs and classes may be cancelled if minimum enrollment is not met or if mechanical, staffing or health & safety issues arise.

Receipt # _____	Date Processed _____	Staff Initials _____
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