

KETCHIKAN GATEWAY BOROUGH

Department of Parks and Recreation * 601 Schoenbar Road * Ketchikan, Alaska 99901

John Brown,
Director

Program Registration

Print Name _____

Work Phone _____

Mailing Address _____

Home Phone _____

Participant Name	Date of Birth	Program Name	Program #	Fee

Do you need an accommodation, due to a disability, to participate in this program? Yes _____ No _____.

Waiver for Participant:

**TOTAL
FEE** _____

In consideration for your accepting my and/or child's registration, I hereby for myself, my child, my heirs, executors, administrators and assigns, waive and release an and all rights and claims for damages I or my child may have against the Ketchikan Gateway Borough and its representatives, employees, officials, successors and assigns for any and all injuries or damages suffered by myself or my child at any activity sponsored by the Ketchikan Gateway Borough.

SIGNATURE: _____ **Date:** _____
(Parent or Guardian signature above)

FOR OFFICIAL USE ONLY			
\$ _____	Initials _____	Date: _____	
Amount Paid: Cash _____	Check _____	Bank Card _____	Received By _____ Date _____