

ACTIVITY REGISTRATION FORM 2024

Please print and fill out completely

Today's Date: _____

Return application by mail or in person to Spokane Police Department, 1100 W. Mallon Avenue, Spokane, WA 99260; or via e-mail to SPDCommunityOutreach@SpokanePolice.org. **Registrations accepted ONLY for ages 8 – 15 year old children.**



Participant A	Last Name	First Name	M.I.	Birth Date	Age	Race	<input type="checkbox"/> M <input type="checkbox"/> F
Address (if different from parents)		City	State	ZIP	Name of School		
Participant B	Last Name	First Name	M.I.	Birth Date	Age	Race	<input type="checkbox"/> M <input type="checkbox"/> F
Address (if different from parents)		City	State	ZIP	Name of School		
Participant C	Last Name	First Name	M.I.	Birth Date	Age	Race	<input type="checkbox"/> M <input type="checkbox"/> F
Address (if different from parents)		City	State	ZIP	Name of School		

Statistical Information (birthdate, age, gender & school of participant) is used for demographics and to customize course activities.

Home Address			Home Phone		
City	State	ZIP	E-mail		
Mother's Name		Cell Phone		Work Phone	
Father's Name		Cell Phone		Work Phone	
Email address					

ONE LOCATION PER PARTICIPANT. Lunch will be provided at each park by the Spokane Public Schools Summer Meal Program.

Participant(s)	Dates	Location	Time	Activities
<input type="checkbox"/>	Tuesdays 7/9-8/6	West Central Shadle Park 4302 N. Belt	12:00pm – 3:00pm	<input type="checkbox"/> Soccer, <input type="checkbox"/> Basketball, <input type="checkbox"/> Running Clinic, <input type="checkbox"/> Flag football, <input type="checkbox"/> Yard Games
<input type="checkbox"/>	Wednesdays 7/10-8/7	Hillyard Friendship Park 631 E Greta	12:00pm – 3:00pm	<input type="checkbox"/> Soccer, <input type="checkbox"/> Basketball, <input type="checkbox"/> Running Clinic, <input type="checkbox"/> Flag football, <input type="checkbox"/> Yard Games
<input type="checkbox"/>	Thursdays 7/11-8/8	East Central Grant Park 1015 S Arthur	12:00pm – 3:00pm	<input type="checkbox"/> Soccer, <input type="checkbox"/> Basketball, <input type="checkbox"/> Running Clinic, <input type="checkbox"/> Flag football, <input type="checkbox"/> Yard Games

LIABILITY WAIVER, RELEASE & INDEMNITY AGREEMENT

I agree to release, indemnify, and hold the city, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages or injuries of any kind and nature whatsoever to the participant and/or his property arising from participation in activities for which the participant is registering. I further acknowledge that I have familiarized myself with the description of the activities, understand the hazards and the participant's personal limitations and knowingly assume all risks. I acknowledge I have read and understand this Liability Waiver, Release and Indemnity Agreement, and understand that I am waiving any claim I might have against the City for any harm sustained as a result of any activity for which I am registering a minor child.

Signature of Responsible Adult

Date

For special accommodations please contact us directly.

May we use your photo/video image taken during activities for publicity purposes?

Yes No Initial here _____