



Boise Parks & Recreation Activity Guide Registration Form

PLEASE PRINT CLEARLY-THANK YOU

Parent/Guardian Name _____ HM Phone _____ WK Phone _____

Home/Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

___ Please check here if you need any accommodation, in accordance with the ADA, to effectively participate in an activity. Our staff will contact you for further information.
___ Resident ___ Nonresident ___ Check # _____ Money Order # _____ (A \$15.00 fee is assessed on all returned checks). Employee Int. _____

Mail payments to: Fort Boise Community Center, 700 Robbins Rd., Boise, Id. 83702. Make checks payable to: CITY OF BOISE

Activity Number	Activity Name	Participant Name(s)	Birth Date (M/D/YR)	Fees Due
Yes, I would like to donate to Boise Parks & Recreation Department's Accessibility Scholarship Program for adults with disabilities.				\$
Yes, I would like to donate to Boise Parks & Recreation Department's Youth Scholarship Program and help a child in need.				\$
TOTAL PAYMENT ENCLOSED				\$

PARENT/GUARDIAN SIGNATURE _____ DATE _____
8/02

Check box by charge card used: VISA MasterCard Discover American Express _____ CARD NUMBER: _____ EXP DATE _____ / _____

ALL REFUND REQUESTS are subject to a \$5.00 PROCESSING FEE and must be requested AT LEAST 7 DAYS IN ADVANCE OF THE CLASS START DATE (unless otherwise approved by the Activity Coordinator). **PERSONAL RELEASE STATEMENT:** I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to indemnify and hold harmless the City of Boise and its employees from any liability loss, cost or expense (including attorney's fees, medical and ambulance costs) that I may incur while participating in the Recreation activities. I give my consent to use any photographs or videotape taken of me in future promotional or marketing materials.

www.cityofboise.org/parks



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