

Program Registration Form



Submit completed form and payment via mail to:

Raymore Parks & Recreation
100 Municipal Circle
Raymore, MO 64083
-Cash and Check Only

Walk In Registrations:
Parks & Recreation Office
1021 South Madison
Raymore, MO 64083
-Cash, Check, Credit, or Debit

Accommodations:

Raymore Parks and Recreation welcomes all citizens to participate in the programs we offer. If you need assistance in order to participate please check the box at the right.

RPR - Refund Policy & Program Disclaimer:

- ✓ The policy of the Raymore Parks and Recreation Board desires to maintain the highest level of customer service. When programs or reservations must be cancelled by the Department, the customer shall be made whole either through a transfer of registration/reservation or through a full refund. Full refunds may be issued at the customer's preference through the finance office or in credit on account.
- ✓ Customers choosing to cancel their registrations may do so at any time during the program, but must deliver a written request for refund to the department either in person or via email.
- ✓ Customers whose requests are received after a program has begun will be issued a credit on account on a pro-rated basis from the date of cancellation.
- ✓ Any credit issued to account must be used within the 18 months from the date in which it was received.

Adult Participant or Parent/Guardian Information

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (Cell) _____

E-mail Address: _____

Please note: this account will receive updates and information regarding programs.

Emergency Contact

Name: _____ Relationship to Participant _____

Emergency Contact Phone: (home) _____ (work) _____ (cell) _____

**Youth Leagues & Camps
Shirt Sizes**

Youth Small

Youth Medium (YM: 10-12)

Youth Large (YL: 14-16)

Adult Small

Adult Medium

Adult Large

Adult XL

Adult XXL

CONFIRMATIONS ARE NOT SENT FOR ALL PROGRAMS. PLEASE KEEP A RECORD OF YOUR ENROLLMENT.

Participant First Name	Last Name	Birth Date	Current Grade	Gender	Program Code	Program Name	Start Date	Time	Fee
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Payment is required at the time of registration

Total: \$ _____

My family and I hereby waive and release the City and the School District from claims for damages and/or injuries incurred while participating in, or as a spectator at, a City-sponsored event. We understand and agree that the School District offers no liability or medical insurance coverage to participants of City-sponsored programs held in School District facilities. I also agree, as a participant, or as the parent of a minor participant, to grant full permission to the City to use my name, photograph, videotape, or recording for promotional purposes, without obligation or liability to me or my family.

Signature: _____ **Printed Name:** _____ **Date:** _____