

Mail-in Registration Form - Not For Swimming Programs & Youth Sport Leagues

Please register in person for all swimming programs and youth sports leagues as described in this brochure.

Name:		Age:	Day Phone:
Address:		Evening Phone:	
Activity:	Waiver For Participant In consideration for the City of Selah Parks and Recreation Department accepting my and/or my child's entry into this class/program, I assume all risks and hazards incidental to the conduct of the activity. I do further release, absolve and waive any right to bring claim, action, suit or other proceeding against the City of Selah, the Selah Parks and Recreation Department, the Selah School District, the organizers and sponsors of the program, or instructors, for damages due to any injuries suffered as a result of participation in the program. I likewise waive, to the extent not covered by liability insurance, any claim against any person involved in the class/program. Signature: X _____ Fee Paid: _____ For Office Use: Received By: _____ Date: _____ <input type="checkbox"/> Check		
Dates:			
Times:			
Additional Registration			
Name:			
Age:			
Activity:			
Dates:			
Times:			

Please return this registration form to Selah Parks office located in the Civic Center. 216 S. 1st St, Selah, Wa 98942.