



## Parks and Recreation Program Registration

<b>Program Participant Information</b>			
Name :		Date :	
Mobile Phone : (      )		Email :	
Home Phone : (      )		Email :	
DOB :	Age :	2017/18 Grade :	
Address :		Apt/Unit # :	
City :	State :	Zip :	
Parents :		Shirt Size :	
Parent/Guardian DOB:			
<b>Program Information</b>			
Program Name :		Fee :	
Program Name :		Fee :	
Payment Method : <b>CASH</b> <b>CHECK</b>		Total :	
<b>Special Request/Instructions</b>			

<b>Assumption of Risk and Photo Release</b>	
<p>I hereby give my consent as a participant or for the above-named participant to participate in the program(s) listed above being conducted or co-sponsored by the Town of Atoka Parks and Recreation Department. I declare that I will not hold the Town of Atoka, Department of Parks and Recreation, Parks and Recreation Advisory Board, the Department's employees and/or Advisory Board's members, or any volunteer associated with the program, responsible for any injuries, damage or personal loss incurred while participating in said program(s). I also understand the Town of Atoka Parks and Recreation Department may take and use photos or videos of program participants for marketing purposes. This includes but is not limited to; program flyers, brochures, program guide, e-newsletter, email marketing, Town of Atoka official website and facebook page, or any other print or electronic marketing materials. I give the Town of Atoka permission to use photos or video of the above program participant for marketing purposes.</p>	
Signature :	Date : ____/____/____

<b>Return To:</b>		
Town of Atoka Att: Parks and Recreation 334 Atoka Munford Ave. Atoka, TN 38004	<b>OR</b>	<a href="mailto:cevans@townofatoka.com">cevans@townofatoka.com</a> <a href="mailto:cyates@townofatoka.com">cyates@townofatoka.com</a>