



Parks and Recreation Program Registration

Program Participant Information			
Name :		Date :	
Mobile Phone : ()		Email :	
Home Phone : ()		Email :	
DOB :	Age :	2019/20 Grade:	
Address :		Apt/Unit # :	
City :	State :	Zip :	
Parents :		Shirt Size :	
Parent/Guardian DOB:			
Program Information			
Program Name :			Fee :
Program Name :			Fee :
Payment Method : CASH CHECK			Total :
Special Request/Instructions			

Assumption of Risk and Photo Release	
<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 : ____/____/____

Return To:	
Town of Atoka Att : Parks and Recreation 334 Atoka Munford Ave. Atoka, TN 38004	OR
mjohnson@townofatoka.com	