

INMAN RECREATION COMMISSION AND



WELLNESS CENTER

PLEASE WRITE IN THE CLASSES YOU WISH TO PARTICIPATE IN:

Class Name	Se	ession/Date of Class	Cost
(You are not	limited to the space	above, feel free to use the back of t	his form)
Participant Name:		Shirt Size: YS YM YL AS AN	M AL AXL Other:
		Date of Birth:	
Home #:	Work #:	Cell #:	
Address/City/State/Zip:			
Family E-mail:			
List any medical conditions or allergi	es that we should be aw	are of if any:	
Emergency Contact: Please list son	neone <u>(other than Pare</u>	ent/Legal Guardian if participant is und	<i>ler 18)</i> who can be contacted
in case of emergency.			
Name:		Relation:	
Home #:	Work #:	Cell #:	
Address/City/State/Zip:			
IF PARTICIPANTS UNDER			
Mom/Primary Guardian Name:			
Home Address if different:			
Home #:	Work #:	Cell #: _	
·			
		Cell #:	
		of many recreation activities and agrees to	
6	, ,	s and employees from any and all liability	•
	•	ctivity arising out of or in any way connec	* * *
activity. The undersigned and particip	pant authorize the IRC	to use at its discretion any photograph(s)	taken of the participant while
participating in any activity and waive	e any and all claims that	the participant or the undersigned or their	r heirs, executors,
administrators, or assigns may have o	r claim to have resulting	g from such photograph(s) or reproduction	as thereof. I have read the above
statement, understand and agree to the	ne conditions set forth. I	agree to abide by all policies and guidelin	nes set forth by the HRC
regarding this program.			
Signature:		Date:	
■Participant (must be 18 years	s of age or older)	Parent or Legal Guardian (for all	participants under 18)

Class Name	Session/Date of Class	Cost