

Please fill out and return to the Belton Community Center or mail to: Belton Community Center, 16400 N. Mullen Road, Belton, MO 64012.

Participant's Name: _____ **Activity:** _____

Grade: _____ **Age:** _____ **Birth Date:** _____ **Shirt Size (circle one):** YS YM YL
AS AM AL AXL

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Emergency Phone:** _____

Parent/Guardian: _____ **E-Mail:** _____

I, the parent of the above listed child, do hereby agree to release all liability and claims against the Belton Parks and Recreation Dept. and agree to hold harmless any liability against the Belton Parks and Recreation Dept., any sponsoring organization, facility, instructor and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this program with respect to any time prior, during and after the activities, camp, including participation in all related events. I understand that my child may be photographed for publicity purposes.

Parent's Signature: _____ **Date:** _____

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