



P.O. Box 575, Eastsound, WA, 98245

# ACTIVITY ENROLLMENT

I (we) am/are the parents (s) or legal guardian of \_\_\_\_\_  
(Child's Name)

Who desires to participate in the **Orcas Island Park and Recreation District** sponsored recreation activity of:

\_\_\_\_\_

It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity but in being transported by vehicle, including but not limited to, the risk of serious physical injury, death or other harmful consequence, which may arise directly or indirectly from the child's participation in the activity or being transported to and from the activity. Being fully informed as to these risks and in consideration of the district's allowing my child to participate in this sponsored activity and/or use of district facilities I (we), on behalf of myself (ourselves) and on behalf of the above-names participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in activities, use of district facilities, or transportation. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the **Orcas Island Park and Recreation District**, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequents occurring to the above-name child or me arising out of the Child's voluntary participation in this activity and from being transported. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described above.

\_\_\_\_\_  
Parent (s) / Guardian **Signature(s)**

\_\_\_\_\_  
Parent (s) / Guardian **Printed Name(s)**

**My enrollment information is:**

\_\_\_\_\_  
Participant's **Printed Name**

\_\_\_\_\_  
Name of Parent / Guardian if younger the 18

\_\_\_\_\_  
Participant's Birthdate and Gender

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Participant's Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
1<sup>st</sup> Emergency Contact Name

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
2<sup>nd</sup> Emergency Contact Name

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Date of Enrollment

\_\_\_\_\_  
Name / Date OIPRD Staff processing

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