

REGISTRATION FORM

Payee Last Name		First Name	
Address		City	State Zip
Home Phone		Cell Number	Work Number
Blue Valley Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			
E-mail Address			

Payment Information

Check Cash Total Enclosed \$ _____ Make checks payable to *Blue Valley Recreation*
 MasterCard Visa Discover Amex Card Holder _____ Signature _____
 Card Number _____ - _____ - _____ - _____ Expiration Date _____ Security Code _____

Please consider making a \$1 donation to the BVRC scholarship program. This program provides assistance to Blue Valley families wanting to participate in recreational activities. Checking the box provided indicates your desired support.

Class Registration - Please Print							
Code	Participant's Name	Birth Date	Activity Name	Start Date	Days	Time	Fee

CONFIRMATIONS ARE NOT SENT. PLEASE KEEP A RECORD OF YOUR ENROLLMENT

Alternate Class Registration - Please Print							
Code	Participant's Name	Birth Date	Activity Name	Start Date	Days	Time	Fee

The BVRC prohibits illegal discrimination and is committed with the Americans with Disabilities Act. If you would like to request an accommodation or have any other inquiry regarding this policy, please contact the Administration Manager at 913.685.6000 or the Kansas Relay Service may be contacted at 800.766.3777, Blue Valley Recreation Commission, 6545 W. 151st Street, Overland Park, KS, 66223. Please give at least two weeks advanced notice for any requested accommodation.

I understand that the program in which I or my child intends to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that Blue Valley Recreation Commission and Blue Valley School District representatives and employees shall not be held responsible for any illness or injury to person or damage to property resulting from participating in a Blue Valley Recreation Commission program. I further grant permission for Blue Valley Recreation Commission to use my (or my child's) photo or video for promotional purposes. This waiver and agreement shall be valid for 365 days from the date of execution. Registration is not valid without signature. Parents must sign for children 18 and under entering a program.
 Please specifically list any allergies: _____

 Parent/Participant/Guardian

 Date

Use this form to phone, fax or mail with payment to:
Blue Valley Recreation Commission
6545 W. 151st St., Overland Park, Kansas 66223
Phone: 913-685-6000, Fax: 913-685-6061