



WOODLAND PARK  
CITY ABOVE THE CLOUDS

**Woodland Park  
Parks and Recreation  
204 W. South Ave.  
Woodland Park, CO 80863  
(719) 687-5225**

Parent/Guardian (if participant is under 18) or Adult Participant Name:		Date
Physical Address (Street, City, State, Zip):		
Mailing Address (Street/Box, City, State, Zip):		
Primary Phone:	Secondary Phone:	Other Phone:
E-Mail Address:		
Emergency Contact: (Name & Phone)		Chronic Ailments/Allergies:

Participant Name	Sex	Birth Date	Class Title	Session	Day	Time	Fee
	M F						
	M F						
	M F						
	M F						
	M F						

Method of Payment: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK (# _____) <input type="checkbox"/> VISA* <input type="checkbox"/> MASTERCARD* (*if paying by credit card, enter information below) Make checks payable to City of Woodland Park
Card number _____ Exp. date ___/___ V-Code _____
Authorized signature: _____ I authorized Woodland Park Parks and Recreation to charge my credit card for registration in the above class(es).

Subtotal	
Minus Credit Vouchers	
<b>TOTAL</b>	

In consideration of your accepting entry, I hereby, for myself, my child, my heirs executors and administrators waiver and release any and all rights and claims for damages I or my child may have against the City of Woodland Park, the RE-2 School District, or the contracted instructor, their representatives, successors and assigns, for any and all injuries suffered by myself at any activity sponsored by these groups. I give consent to use any photograph taken of me and my name in future promotional or marketing activities.

**Participant (Parent/Guardian if under 18 years) Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail In:** Mail form and payment to PO Box 9007, Woodland Park, CO 80866  
**Drop Box:** Drop form and payment at 204 W. South Ave, after hours  
**Walk In:** Bring form and payment to the office at 204 W. South Ave., 8:00 a.m. – 5:00 p.m., Monday - Friday