



119 North Hersey Avenue
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PROGRAM REGISTRATION FORM

Liability Waiver Release: *The undersigned in consideration of and as part payment for the right to participate in the activity(s) of the Beloit Recreation Department described above, hereby, acknowledges the existence of and assumes all risks connected with the activity(s) described above. The undersigned further releases the City of Beloit and all persons and entities participating in connection with or on behalf of the City of Beloit in activity(s) above from liability for any injury, harm or complication resulting from said participation.*

Parent's Last Name: _____ First Name: _____

Street Address: _____ City, State, ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Participant Name	Grade	Birth Date	Sex	Activity	Size	Dates	Time	Fee

Cash _____ Check# _____

Parent or Participant: _____ Date: ____ / ____ / ____

I can help coach and/or supervise this activity: Yes No Contact me at phone: _____

E-mail: _____