



ACTIVITY REGISTRATION FORM

2920 2nd Avenue North
Billings, MT 59101
406-252-3839



United Way
of Yellowstone County

Community Playgroup

(PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY)

HEAD OF HOUSE- HOLD	LAST																FIRST																M.I.																															
	ADDRESS																																																															
	CITY															STATE	ZIP CODE					COMMENT																																										
	(HOME)															—					(WORK)															—					(EMERG.)															—					OFFICE USE			

PARTICIPANT INFORMATION			DATE OF BIRTH	SEX	MEDIC ALERT
LAST	FIRST	M.I.			

PARTICIPANT INFORMATION			DATE OF BIRTH	SEX	MEDIC ALERT
LAST	FIRST	M.I.			

Emergency Medical Release (please initial one)

___ In the event of injury or serious illness, I give permission for Community Playgroup staff to obtain medical treatment for my child, I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

___ In the event of injury or serious illness, I DO NOT give permission for Community Playgroup staff to obtain medical treatment for my child. Instead, I instruct Community Playgroup staff to: _____

Photographic Release (please initial one)

___ I give permission to Community Playgroup staff to use photographs and videos of my child for publicity in order to increase community awareness of the Community Playgroup and in any and all publication and other media without limitations.

___ I DO NOT give permission to Community Playgroup staff to use photographs and videos of my child for publicity in order to increase community awareness of the Community Playgroup and in any and all publication and other media without limitations.

My signature confirms that I hereby for myself, my child's my heirs, my executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Billings and/or United Way of Yellowstone County and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored or coordinated by either of these groups. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the City and United Way of Yellowstone County are relying on such acceptance in permitting participant to engage in the City and United Way of Yellowstone County's activities. I agree that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current, that I have read and understand this form in its entirety; and that I give permission for my child to participate in Community Playgroup.

X SIGNATURE OF PARENT / GUARDIAN
OR ADULT PARTICIPANT _____

DATE _____