

**CITY OF PORTLAND PARKS AND RECREATION DEPARTMENT
SKATE JAM 2009
REGISTRATION FORM**

PARTICIPANT'S NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL ADDRESS _____

EVENING PHONE _____ **DAYTIME PHONE** _____

AGE _____ **GENDER** _____ **DATE OF BIRTH** _____

Age Groups : 6 and Under (one 45 second run)
7-10 (one 45 second run)
11-13 (one 60 second run)
14-16 (one 60 second run)
17-20 (one 90 second run)
21-29 (one 90 second run)
30-39 (one 60 second run)
Over 40 (one 60 second run)

Emergency Treatment Release: In the event I cannot be contacted to make arrangements for emergency medical treatment, I authorize the person in charge to seek and obtain emergency medical treatment for my child. I also authorize transportation to the nearest medical facility in the event it should become necessary.

Liability Waiver: I certify that I understand any dangers inherent to my participation in this activity or activities and further state that I or my child is physically sound enough to participate. I hereby relieve the United Way of the Coastal Bend, the City of Portland, its employees, agents and instructors of all liability that occurs by participation in all programs.

Photo/Video Release: The City of Portland have permission to utilize any photographs or videos taken of me for publicity purposes.

PARTICIPANT / PARENT SIGNATURE _____ **DATE** _____