

SENIOR PROGRAM

REGISTRATION FORM



PERSONAL INFORMATION

Name	<input type="text"/>	Date Of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			D	D	M	M	Y	Y
Address	<input type="text"/>	City / State/ Zip	<input type="text"/>					
Phone	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
E-Mail	<input type="text"/>	Would you like your newsletter emailed?	<input type="checkbox"/>					
Emergency Contact	<input type="text"/>	Relationship	<input type="text"/>	Phone	<input type="text"/>			
Alternate Contact	<input type="text"/>	Relationship	<input type="text"/>	Phone	<input type="text"/>			

Provide any information that you feel will assist our staff in accommodating your participation:

I wish to receive **FLiP (Fairbanks Loves its Parks)** monthly E-newsletter that highlights Parks & Recreation programs and events.

Photo Permission I Do Do Not, grant permission for my photograph to be used in marketing materials related to the Fairbanks North Star Borough Parks & Recreation Programs.

I, the undersigned, in consideration of permission granted to the above-named Participant by the FNSB to participate in the Senior Program hereby and forever discharge and release on behalf of myself, my heirs and my assigns, the FNSB along with its employees and volunteers, from all claims, demands, damages, actions and causes of action whatsoever, including but not limited to claims for property loss, personal injury, or death, arising from participation in the program or activities. I agree and abide by all applicable Parks & Recreation Department Rules & Regulations for activities while I participate.

Signature _____
FNSB Parks & Recreation Senior Program
1920 Lathrop Street
Fairbanks, AK 99701
907.459.1136
www.parks.fnsb.gov



THANK YOU