

# Generic Registration



**Drop off:** 306 First Avenue East, Kalispell

**E-Mail:** [kpr@kalispell.com](mailto:kpr@kalispell.com)

**Mail to:** Kalispell City Parks and Recreation  
P.O. Box 1997  
Kalispell, MT 59903-1997

**Web site:** [www.kalispell.com/parks\\_and\\_recreation/](http://www.kalispell.com/parks_and_recreation/)

**Phone:** 758-7718

**Kindness to Kids Scholarship fund:**

If you wish to contribute an extra dollar or two, your donation will help a child to participate in a recreation program that could not do so otherwise.

**Program Information** - All our correspondence about program information will be done through Email.

Participants Name	Gender	Birth Date	Grade	Shirt Size	Program

Participant Medical Info (only info we need to know about) \_\_\_\_\_

School \_\_\_\_\_ Special Request \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

YES I will be a: Coach  Assistant Coach

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

For Office Use Only	
Receipt #	_____
\$ Paid	_____
Receipt Date	_____
By	_____

*Participation in Kalispell City Parks and Recreation programs is voluntary. All participants are involved at their own risk and agree to assume the responsibility for any injury or damage to person or property. Any registration fee paid does not provide insurance. Please check the following box if you do not want us to use photographs of you for advertising purposes.*

Participant/Parent/Guardian Signature \_\_\_\_\_