

# EXPRESS REGISTRATION

**REGISTRATION BEGINS UPON RECEIPT OF THIS BROCHURE**

**WALK-IN REGISTRATION**

ELKO PARKS & RECREATION DEPT.  
723 Railroad Street, Elko, NV 89801  
MONDAY-FRIDAY  
8:00 AM – 2:00 PM  
775-777-7260

**REFUNDS**

\*Refunds may be approved with written notification received seven days prior to program start.  
\*All refunds will be prorated.  
\*A \$5.00 administration fee is deducted, regardless.  
\*No refunds issued after program has started.

**MAIL-IN REGISTRATION**

Mail this completed form (front & back) with payment included to:  
ELKO PARKS & RECREATION  
723 Railroad Street #1  
Elko, Nevada 89801

Parent/Adult Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Last First

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

In Emergency, Contact \_\_\_\_\_  
Name Relationship to Participant Phone #

For and in consideration of the voluntary participation in and use by below named participant of the recreation programs and facilities of the Elko Parks & Recreation, at any time hereafter, the undersigned, his heirs, executors, administrations, and assigns hereby expressly release Elko Parks & Recreation, its officers, directors and agents from all claims and hereby expressly covenant and agree to refrain from bringing any action against Elko Parks & Recreation, or the City of Elko, for damage resulting from his/her participation in said recreation program or use of said recreation facilities in conjunction herewith, I further state that I have read and understand the foregoing release and covenant not to sue. I know the contents thereof and sign the same as my own free act.

**PLEASE COMPLETE FRONT AND BACK OF THIS FORM**

Participant's Name (List first & Last if different than parent's name above)	Youth Age	Class/Program Name	Dates	Times	Fee

**TOTAL: \$ \_\_\_\_\_**

# REGISTRATION

## Fee Assistance and Scholarships

The Elko Parks and Recreation Department provides a scholarship policy to reduce certain fees and charges for those who are unable to pay these fees. Scholarship application forms are available at the Recreation Office.

Applications taken at least two weeks prior to the start of a program will be given priority processing; however, scholarship funds availability and program registration cannot be guaranteed. Proof of residency and income are required at time of application. All requests will remain confidential.

All requests will be reviewed and applicants will be notified at least one week prior to program registration deadlines as long as the applications are received at least two weeks in advance of the program. The decision of the Recreation Department will be final.

## Code of Conduct – Participant Guidelines

**Equal Access** – No participant shall on the basis of race, sex, creed, national origin or disability, be denied equal access to programs, activities, services or privilege, advantage, or opportunity.

**Behavior** – Participants are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to make recreation programs safe and enjoyable for all participants. Additional rules may be developed for particular programs and athletic leagues as deemed necessary by staff. Participants shall: Show respect to all participants and staff; Refrain from using foul language; Refrain from causing bodily harm to other participants or staff; Show respect for equipment, supplies and facilities.

**Discipline** – A positive approach will be used. The Elko Parks and Recreation Department reserves the right to dismiss a participant. Each situation will be evaluated on its own merit.

DOES YOUR CHILD HAVE SPECIAL NEEDS WE SHOULD KNOW ABOUT?: \_\_\_\_\_

LIST ANY MEDICATIONS: \_\_\_\_\_

ANY MEDICAL PROBLEMS (such as allergies, vision, hearing, diabetes, etc.): \_\_\_\_\_

MY CHILD, \_\_\_\_\_ HAS NO KNOWN PROBLEMS OR ALLERGIES \_\_\_\_\_ (Please initial)

IN THE EVENT OF AN EMERGENCY, WHAT ACTION SHOULD BE TAKEN?

\_\_\_\_\_ WHATEVER IS NECESSARY (Please initial) \_\_\_\_\_ OTHER (Please initial) \_\_\_\_\_

IF OTHER, PLEASE EXPLAIN: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY, IF PARENT/GUARDIAN CANNOT BE CONTACTED

NAME: \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

We the undersigned, as a parent, parents or legal guardian of above said child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis. Treatment of hospital care rendered to the minor under general or special supervision of any member of the medical staff or emergency room staff duly licensed under the provisions of the Medicine Practice Act, or a dentist duly licensed under the provision of the Dental Practice Act.

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by the undersigned.

INSURANCE CARRIER'S NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_