

This is **not** a registration form. Once your registration is confirmed, you will receive an email with the registration packet.



## **New Family** **Youth Services - Request Form**

Primary Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Secondary Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Primary Address \_\_\_\_\_

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

 To facilitate our paperless receipt system we do require an email address.

The Lafayette Recreation is dedicated to conserving energy and our natural

	Child's Name	Age	D.O.B.	Sex	(Circle one) BASE School's Out Summer Camp	Elementary School child attends	Requested Days
1							
2							
3							

Please complete all sections on top and in the table above to insure correct processing.

Recreation Program Release

In consideration of my participation and or that of my child or ward in the City of Lafayette ("City") Recreation Department's programs or activities, do hereby for all, to the extent permitted by law assume the risk of participation and waive and release the City, its officers and employees from any and all claims, actions, or demands for any injury, loss, or damage arising out of, or related to participation in the programs or activities, whether or not such is caused by the act, error, omission, negligence or fault of the City, its officers or employees. I also on behalf of myself and my child or ward consent to the City's publication of photographs taken of any of us during our participation in the Recreation Department's programs or activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mailing address:** Bob L. Burger Recreation Center FAX 303 665-0987  
111 W. Baseline Road, Lafayette CO 80026

**Office Use Only**

Date / Time Received: \_\_\_\_\_ By: \_\_\_\_\_

Activity Code: \_\_\_\_\_ Section \_\_\_\_\_ Fee: \_\_\_\_\_ Start Date: \_\_\_\_\_