Get Up! Get Active!

www.hannibalparks.org

Please return this form and payment to
HPR, 320 Broadway, Hannibal, Mo 63401
by registration deadline. NO exceptions!
checks payable to "HPR", write program name in memo line of check please

First Name	Last Name	Grade	Program Name	Best Phone	Email

team or sponsor's name (if applicable):_____

Enjoy the program!

Fee: _____ **Received By**: _____

Waiver of Participation

(**required** signature, by parent if under 18 or by team representative)

In consideration of your accepting my, my child's and/or my teammates' entry(ies), we hereby, for ourselves, our teammates, our heirs, executors and administrators, waiver and release any and all rights and claims for damages we or my teammates may have against Hannibal Parks and Recreation or the City of Hannibal and its representatives, successors and assigns for any and all injuries suffered by myself or my teammates at any activity sponsored by this group.

Signature:_____

Date: _____

Print Name: _____