



City of Tualatin
G.R.E.A.T. SUMMER PROGRAM 2015

(Gang Resistance Education and Training)

Registration Form

FOR OFFICE USE ONLY

Registration # _____
 Date Received _____
 By _____
 Receipt Number _____
 Aid Application Yes No

All sessions are from 8:30 AM - 3:30 PM.

Sixth Grade Sessions are ONLY open to students

ENTERING the 6th grade:

Session A: June 22th – June 26th (Hazelbrook Middle School)

Session B: July 27th – July 31st (Hazelbrook Middle School)

Submit completed registration form and a check payable to the City of Tualatin in the amount of \$50.00.

Mail to: Police Department/G.R.E.A.T.
8650 SW Tualatin Rd.
Tualatin, OR 97062

or

Deliver to: The Tualatin Police Department
8650 SW Tualatin Road
Tualatin, OR 97062

Questions? Call 503.691.4800 or email krmiller@ci.tualatin.or.us or bmiller@ci.tualatin.or.us

(Please print clearly)

Participant	Last Name:				Shirt (adult) Size: S M L XL XXL			
	First Name:				MI:			
Address:					Apt #:			
	City:			State:		Zip Code:		
Home Telephone:		-		-		Birth date:		-
	Gender (circle)		F	M		Age:		

School Attending in 2015/16: _____ Entering Grade 6 in 2015/16

Name of Parent(s) or Guardian(s): _____

Daytime Phone Number(s) _____

Parent(s) home address and telephone number, if different than student's:

IF PARENT/GUARDIAN IS UNAVAILABLE IN CASE OF EMERGENCY, notify:

(1) _____ Phone No(s) _____ or

(2) _____ Phone No(s) _____

Student's Doctor/Clinic: _____ 24-hr phone: _____

Address: _____

(Complete two page form.)

Waiver of Liability

I recognize and acknowledge that there are certain risks of physical injury and property as my child participates in the program, and I agree to assume the full risk of any injuries, including loss of life, personal injuries, property damages, and expenses, which my child may sustain as a result of participating in any and all activities connected with or associated with the program.

I further agree to waive and relinquish all claims, to fully release, discharge, indemnify, hold harmless and defend the City of Tualatin and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, personal injuries, property damages, and expenses, sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

Medical Release / Special Instructions

Please provide a description of any medical problems or conditions that might affect the medical needs or treatment of your student. List any medications that your student is presently taking. If additional space is needed, please use additional sheet.

In case of emergency, accident, or illness, I give my permission for the above participant to be treated by a professional medical person and admitted to a hospital, if necessary. I agree to be the party responsible for all medical and hospital expenses incurred on behalf of the above participant.

If there are any special auxiliary aids or services which are necessary to afford the participant with a disability an equal opportunity to participate in and enjoy the benefits of the program or activity, please specify them on a separate, confidential sheet.

Parent Permission

I (we), parent(s) of [or legal guardian(s) for] the above participant, hereby consent to her/him participating in the G.R.E.A.T. Summer Program. I authorize the G.R.E.A.T. Summer Program leadership to transport the above named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a G.R.E.A.T. Summer Program activity.

On behalf of the participant listed above, I accept the waiver of liability and medical release provisions of this registration form. I have read the Waiver of Liability, Medical Release, and Parental Permission, and understand all of their terms. I have reviewed the rules for the G.R.E.A.T. Summer Program with my child and agree to adhere to the rules. Should he/she violate the rules, I understand that he/she may be subject to expulsion from the program. I understand that my child could appear in photographs that may be used for promotional purposes.

Fee

Please include a check for the non-refundable \$50.00 registration fee, payable to the **City of Tualatin**.

Financial assistance is available. If you would like to request financial assistance, please complete the supplemental Financial Aid Application and submit it with this registration form.

Signature: _____ Date: _____

Parent or Guardian

I am a resident of the City of Tualatin.