

PRCE REGISTRATION FORM



PROGRAM REGISTRATION FORM

Make checks payable to: PRCE, 900 Harrington St SW,
Hutchinson, MN 55350



Phone: 320-587-2975 Gameline: 320-234-GAME

<u>Activity #</u>	<u>Activity Name</u>	<u>Participant Name</u>	<u>If Child, Birthdate & Grade</u>	<u>Fee</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Participant Name (print) _____
 Mailing Address _____
 City _____ Zip _____
 Home Phone _____ E-mail _____
 Work Phone _____ Cell Phone _____

I THE UNDERSIGNED, parent, guardian or participant, do hereby agree to allow the individuals(s) named herein to participate in the aforementioned activity(ies), and I further agree to indemnify, and hold the City of Hutchinson and the ISD #423 harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of, or in any way connected with, his/her participation in this activity.

Parent's, Guardian or Participant's signature *(Parent/Guardian must sign if participant is less than 18 years of age.)*

* **ATTENTION** *
 Please indicate if you have any special needs or require special assistance for any program.

Visa or Mastercard # _____ Expiration Date: _____



Pediatric Rehab Center

- Speech Therapy
- Physical Therapy
- Occupational Therapy

Call the "kid specialists" at 484-4417
 or visit HutchinsonHealthCare.com

