



2018 REKFEST II Registration Form

May 19, 2018



REGISTRATION INFORMATION

[Please print]

Name: _____ Date of Birth: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Mobile Phone _____
 E-mail Address: _____
 Emergency Contact: _____ Phone: _____

- Youth RECKFEST II (Ages 8 -15) Adult RECKFEST II (Ages 16 - up)

REGISTRATION FEE

[Please check type]

v	Regular [May 22]	Total
Entry Fee	\$10.00	
Entry Fee + T-Shirt	\$15.00	
T-Shirt Only	\$12.00	
Total Fee		\$ _____

METHOD OF PAYMENT

[Please select payment]

Cash

 Check *[payable to City of Hopkinsville]* is enclosed
 Check #: _____

 Credit Card: Visa MasterCard
 Card #: _____
 Expiration Date: _____ Code: _____
 Cardholder Name: _____
 Card Holder Signature: _____

ADDITIONAL INFORMATION

RECKFEST II Skateboard Competition will benefit the Hopkinsville-Christian County Boys and Girls Club. The competition director is Tyler Graddy. A Food Vendor will be onsite, along with other merchandise sales. Categories: (Youth, Adults) skill level determined by one (1) hour free skate after Youth Division, determined by five (5) independent judges. Competition: Kid's Division (8-15) 12:00pm; Adult Division (16-up) 2:00pm; Two (2) runs in each category on 45 second interval on bowl and street; freestyle is one trick. Prizes to be awarded to top three (TBD)

- ***Please return completed, signed form and payment by May 18, 2018 or forms will be accepted day of event: City of Hopkinsville, memo: REKFEST II, 2600 Thomas Street, Hopkinsville, Kentucky 42240 or fax at [270] 887-4293. Questions? Contact Hopkinsville Parks and Recreation at [270] 887-4290.***

WAIVER AND RELEASE

The undersigned agrees to indemnify and hold harmless the City of Hopkinsville, the Division of Parks & Recreation, all of their officers and agents, and all affiliated event sponsors, from all injury, loss, costs, claims, or damages to any person or property arising from, related to, or in any way connected with participation in associated City of Hopkinsville Parks and Recreation events. Permission is granted to publish any and all photos taken during these events. During my participation in these events, I agree to allow the City of Hopkinsville and the Division of Parks and Recreation to have licensed medical personnel provide any warranted emergency treatment.

Printed Name: _____ Date: _____
 Signature: _____ Date: _____
 Parent or Guardian Signature (under 18 yrs.): _____ Date: _____