

PORT ANGELES PARKS & RECREATION REGISTRATION FORM

Please Print)

Participant: _____ M ___ F ___ Birth Date: _____

Class Name: _____ Class Name: _____

Class Date: _____ Fees: _____ Class Date: _____ Fees: _____

Would you like to donation to the Recreation Scholarship Program: Yes ___ No ___ Amount: \$ _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Parental/Guardian Assumption of Risk, Waiver and Release

Participant (Please Print)

I understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from my, or my child's participation in this activity. Being fully informed as to these risks, and in consideration of the City's allowing myself/my child to participate in this sponsored activity and/or use of City Facilities, I, on behalf of myself and/or my child, assume all risk of injury, damage and harm to myself or my child which may arise from mine or my child's participation in the activities or use of City Facilities. I further agree, individually and/or on behalf of my child, to release and hold harmless the City of Port Angeles, its officials, employees, and agents and agree to waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death, or other harmful consequences occurring to the above-named participant arising out of the participants voluntary participation in this activity. I grant my full and voluntary consent for the above-named participant to participate in the activity described above.

Parks and Recreation staff will at times take photographs of participants to use in marketing our programs. Photographs could be used in City web sites, program brochures, flyers, media press releases and advertisements. I/we also agree to allow the use of photographs of the above named person to be used in the described manner.

Today's Date: _____

Parent/Guardian Printed Name: _____ Signature: _____

Parent/Guardian Address: _____ Phone: _____

(Office Only:)

Received by: _____ Date: _____ Receipt: # _____ Cash: _____ Check# _____ Credit Card _____

Date Entered in Database: _____ Initial: _____ Approved Scholarship Amount: \$ _____