

REGISTRATION FORM



Program/Course Fee

Dates

Participant Details

First Name Last Name

Date Of Birth Gender

M M D D Y Y M F

E-Mail Cell phone

Address City

State/ZIP

Emergency Contact

Name Relationship

Phone

Please List any Medical Conditions

Parent/Guardian Information (Complete if participant is a minor)

First Name Last Name

Relationship Cell Phone

Waiver:

Parent or guardian must sign for anyone age 18 and under. Please read this form carefully.

In consideration of my and/or my child or ward's participation in this activity, I hereby release and hold harmless the City of Cordova, Parks and Recreation Department (the "Department"), and its representatives, successors, and assignees from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (and/or my child or ward's) participation in this activity. I recognize and acknowledge that all athletic and recreational activities offered by the Department involve, to some degree, a certain risk of physical injury, death, and/or property damage, and I agree to assume the full risk of any and all damages or loss which I (and/or my child or ward) may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I fully understand the nature of the programs for which I (and/or my child or ward) are registering, either individually or on behalf of my minor child or ward and have read and fully understand this Waiver and Release of All Claims. I further understand that any advertisements or warnings of the particular risks of these programs that I or my minor child or ward subsequently receives will be incorporated by reference into and become a part of this Waiver. Additionally, although I understand that the City of Cordova, Parks and Recreation Department (the "Department"), and its representatives, successors, and assignees, undertake reasonable efforts to ensure the safety and participants in this activity, I hereby agree to assume the full risk of any and all damages or loss which I (and or my minor/child or ward) may sustain as a result of any negligence by the Department and its representatives, successors, and assignees, and to indemnify and hold harmless the same from any claims arising out of either inherent risks or negligence associated with this activity.

Signature of Participant/Parent/Guardian

Date

M M D D Y Y

OFFICE USE ONLY

Fee Paid Staff Initials

Date Paid

Method of Payment

Cash Debit/Credit Check #