



AFTER SCHOOL PROGRAM REGISTRATION FORM

MAY 1 - MAY 17, 2023. Mondays/Wednesdays only. 3:45pm to 5pm. One form per child.

Participant Details

First Name Last Name
Date Of Birth Gender Age Grade
M M D D Y Y M F

Please List any Medical Conditions (i.e. asthma, medications, allergies)

Enrollment Details

 Check dates you want your child to attend

☐ 5/1 ☐ 5/3 ☐ 5/8 ☐ 5/10 ☐ 5/15 ☐ 5/17

Parent/Guardian Information

First Name Last Name
Relationship Cell Phone
E-Mail
Address City
State/ZIP

Emergency Contacts

Name Relationship
Cell Phone
Name Relationship
Cell Phone

Pick Up Arrangements

Note that supervision is not provided past 5pm. Parents/caregivers are to contact Bidarki Recreation Center and inform staff if they are running late or if there is a change in pick up arrangements.

Check ☐ Be picked up by (name & phone):
☐ Walk/Bike Home

SIGN the reverse page

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

PARKS & REC VOLUNTEER PROGRAM

We need volunteers like you to help us provide quality parks and recreation programs for Cordova. Are you looking to take an active role in helping our city? The generosity of others is at the core of the our existence! We are proud to say that volunteers play an important role in the success and quality of programs at the Department of Parks & Recreation.

By working together, we can ensure that all children will have the opportunity to benefit from an engaging and impactful recreation experiences.

☐ Contact me to discuss volunteer opportunities.