

Activity Registration Form

PARTICIPANT INFORMATION >	1	2	3
LAST NAME			
FIRST NAME			
BIRTH DATE	If over 18, please provide participant's phone number here:	If over 18, please provide participant's phone number here:	If over 18, please provide participant's phone number here:
AGE			
GRADE			
GENDER M / F			
MAILING ADDRESS			
PHYSICAL ADDRESS			
ALLERGIES / MEDS*			
	Program Name	Cost	Program Name
			Cost
	TOTAL	TOTAL	TOTAL

PARENT / GUARDIAN / EMERGENCY INFO. >>>	1	2	<<<< OFFICE USE ONLY >>>>
LAST NAME			SUBTOTAL \$
FIRST NAME			DISCOUNTS \$
RELATIONSHIP			TOTAL DUE \$
HOME PHONE			PAID
WORK PHONE			CASH \$
CELL PHONE			CHECK \$
E-MAIL			CREDIT CARD \$

INDEMNITY AGREEMENT

I, the undersigned, agree to indemnify and hold harmless the City of Valdez from all cost, expense and liability arising from our participation in these Parks and Recreation activities. I hereby waive all claims for damages to our person or property which may be caused by any act by the City of Valdez, it's officers, agents, or employees, rising directly or indirectly from our participation in any of these activities; and I hereby assume all liability and responsibility for any and all injury, loss, or damage we might receive as a result of our participation in any of the activities

I give permission for my child/children to be transported to and from activities in a City of Valdez vehicle.

TO DENY transportation initial here _____

I give permission for myself and my child/children to be photographed during Parks & Rec programs and allow for their use in promotional materials.

TO DENY photo release initial here _____

Signature of Participant OR Parent/Guardian _____ DATE _____



* USE BACK OF PAGE TO LIST ADDITIONAL MEDICAL INFORMATION & TO VIEW THE REFUND POLICY

