

Warsaw Parks & Recreation Department Registration Form

HOUSEHOLD INFORMATION

First & Last Name of Adult Contact: _____ Male/Female (Circle) Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

NOTE: If you are registering children, please tell us: Mother's full name: _____ Mother's work number: _____
 Father's full name: _____ Father's work number: _____

For Sports Program Registration: Team Name : _____ Team Contact & Phone Number: _____

ACTIVITY INFORMATION (Please fill out completely, thank you)


Activity Name	Session/Program Date(s)	Registrant's First & Last Name	Age	Sex	Birthdate month/day/year	Activity Fee
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		

Total: _____

WAIVER (MUST be signed for participation)

Please read this form carefully and be aware in registering yourself, your child or ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant, in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Parks Department and its officers, agents, servants and employees. I do hereby fully release and discharge the Warsaw Parks and Recreation Department and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Warsaw Parks and Recreation Department and its officers, agents, servants and employees from any and all claims resulting in injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to the use of my photograph in Warsaw Parks and Recreation Department brochures, publications, slide presentations, etc. I have read and fully understand the above Program Details and Waiver and Release of All Claims.

RETURN with payment in either CASH or CHECK to reserve your space to:

 City of Warsaw Parks & Recreation Department
 420 Little League Drive
 Warsaw, IN 46580

Participant Signature (if over 18 years of age) _____ Date _____
 or Parent/Guardian