City of Rockville ✣ Winter 2011-12 Registration Form

MAIN CONTACT:

Home Phone: _____ ❑ Check here if new address/phone since last time registered.

Last Name _____ First Name _____ DOB: / / Sex: M/F

Address: _____

City/State/Zip _____

Work Phone _____ Email Address: _____

EMERGENCY CONTACT: (other than parent or adult participant)

Last Name _____ First Name _____ Phone _____

PARTICIPANTS:

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Sch. Yr. '11-'12 Grade	Fee

Rec Fund: $_____ Sr. Ctr. Mem: $_____ Multi-Course Discount: $_____

Additional Contribution to Recreation Fund: $_____

Total: $_____

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

Signature of Participant/Guardian _____

PAYMENT

Amount Paid $_____ Cash ❑ Check #_____

❑ MasterCard ❑ VISA _____ Exp. Date____/____

Signature (name on card)_____

OFFICE USE ONLY:

Check_____ Cash_____ Charge _____

Other_____

Processed by:

Date Processed:

Total Paid: $