



Parks & Recreation Department

Program Registration Form

1) Participant Name: _____ M or F DOB: _____ Age: _____ Grade: _____

2) Participant Name: _____ M or F DOB: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relation: _____ Phone #: _____

Uniform Size (please circle): YXS YS YM YL AS AM AL AXL AXXL

If you have a disability and require accommodation in order to participate, please explain: _____

Program	Start Date/Time	City Limits»	In	Out	Program Fee

Total Amount Paid \$ _____

Waiver & Release

I understand that all recreation and athletic programs involve some risk of accident or injury. I agree to indemnify the City of Barnwell and their affiliates and to hold the City of Barnwell and their affiliates harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate in any of the City of Barnwell recreation programs or athletics. Therefore, my and/or my minor child's choice to participate in any program, activity or facility, and the use of its equipment, is at my own risk. I understand that the City of Barnwell and their affiliates do not provide insurance for participants, nor does it assume responsibility for accidents or injuries.

I also hereby grant permission to the City of Barnwell Parks & Recreation Department to use for any official purpose any photographs, video footage or any other records of program activities depicting myself or of my minor child.

I have read and fully understand and agree to the City of Barnwell's' policies as stated above.

Participants (if 18 & over) or Parent/Guardian Signature

Date

Statement of Accessibility

The City of Barnwell Parks & Recreation Department encourages participation by everyone! If you or a family member have special needs and would like to participant in a program or use a facility, we will be happy to make reasonable accommodations to meet your needs. Please indicate on the registration form if any accommodations are needed for successful inclusion into a program or service in accordance with the American with Disabilities Act.

FOR OFFICE USE ONLY (rev: 3.25.15)

Date _____ Receipt #: _____ Total Amount Paid: \$ _____ Cash: _____ Check No: _____ CC: _____