

Program Registration Form

Auburn Parks & Recreation Department

Quarter (Circle One): Fall / Winter / Spring / Summer

Please note that some programs have separate registration forms. For questions, call 501-2930.

| | | | |
|--|---------------|---------------|-------------------------|
| NAME OF PARTICIPANT: (1 per form) _____ | | DATE: _____ | |
| ADDRESS: _____ | | CITY: _____ | STATE: _____ ZIP: _____ |
| HOME #: _____ | WORK #: _____ | CELL #: _____ | |
| EMAIL ADDRESS: _____ | | | |
| EMERGENCY CONTACT PERSON & PHONE: (Not a Parent) _____ | | | |
| ALLERGIES & OTHER MEDICAL INFORMATION: _____ | | | |

We invite people with and without disabilities to enjoy our programs, parks and facilities. If you need a modification because of a disability to enjoy one of the programs listed above, please circle **YES** or **NO**.

IF REGISTERING A CHILD FOR A PROGRAM, PLEASE COMPLETE THE FOLLOWING:

| | | |
|----------------------|-------------------|--------------|
| DATE OF BIRTH: _____ | AGE: _____ | GRADE: _____ |
| MOTHER'S NAME: _____ | PHONE : (H) _____ | (W) _____ |
| FATHER'S NAME: _____ | PHONE: (H) _____ | (W) _____ |

All Registration is subject to Space Availability. Please note: registration for the first two weeks is only open to participants that live or work in the City of Auburn. Beginning the third week, registration will be open to everyone.

If you do not live in the City of Auburn, but work in the City of Auburn, and are registering during the first two weeks of registration, please complete this section.

NAME OF PERSON WORKING IN AUBURN: _____

PLACE OF EMPLOYMENT: _____

WORK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____

Please make sure you sign and send in the Waiver and Release of Claims Form located on the back of this form.

Please send a check for Classes that are payable to City of Auburn or Auburn Advisory Board.

| | |
|-----------------------------|-----------------------------|
| Name of Class: _____ | Name of Class: _____ |
| Instructor: _____ | Instructor: _____ |
| Date & Time of Class: _____ | Date & Time of Class: _____ |
| Location of Class: _____ | Location of Class: _____ |

| | |
|-----------------------------|-----------------------------|
| Name of Class: _____ | Name of Class: _____ |
| Instructor: _____ | Instructor: _____ |
| Date & Time of Class: _____ | Date & Time of Class: _____ |
| Location of Class: _____ | Location of Class: _____ |

PLEASE COMPLETE BACK OF FORM 

IMPORTANT INFORMATION

The City of Auburn strives to conduct its recreation programs and activities in a safe manner and holds the safety of participants in the highest regard. Participants and parents registering their child in recreation programs must recognize however that there is an inherent risk of injury when choosing to participate in any recreation activities. The City of Auburn continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the City of Auburn does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member/ward for a recreation program/activity should review their own insurance policy for coverage.

Due to the difficulty and high cost of obtaining liability insurance, the City of Auburn requires the execution of the following liability Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself and your ward for participation in this/these program(s) you will be waiving and releasing all claims for injuries, damages, or loss you or your ward might sustain through participation in this/these program(s) listed below.

(PLEASE LIST PROGRAMS PARTICIPATING IN)

As a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program.

I do hereby fully waive, release and discharge the City of Auburn, it's officers, agents, servants, representatives, employees and program board members from any and all claims for injuries, damages or loss which I or my ward may sustain or which may accrue to me or my ward arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the City of Auburn, its officials, agents, servants, representative, employees and program board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT.

Participants Full Name: _____(PRINT)

Signature of Participant, Parent or Legal Guardian

Date

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS UNDER 19 YEARS OF AGE.