

# 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: _____			

#### 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 that registration is open to participants that live or work for the first two weeks of registration. 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: \_\_\_\_\_

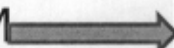
WORK PHONE: \_\_\_\_\_

**Please make sure that you sign and send in the Waiver and Release of Claims 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: _____

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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.**