



## 2013 Parks and Recreation Program Registration Form

Main Contact Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

How did you hear about this program?

Program guide  
 Website  
 Email  
 Flyer  
 Poster  
 Friend  
 Other: \_\_\_\_\_

Participant First & Last Name	Gender	Date of Birth	Program Title	Program #	Fee

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am applying for a scholarship for the above listed program and participant. *For scholarship information and criteria please see Edgewater Recreation Program Scholarship Program. 20% of participation fee must be paid at the time of registration while scholarship pending.*

Does registrant require any special accommodations or assistance for enjoyment of the program?  
 YES NO

If YES please explain: \_\_\_\_\_

**\*For youth sports only**

Please circle T-Shirt Size:  
 YS (4-6) YM (6-8) YL(10-12) AS AM AL AXL

I would be interested in coaching my child(s) team.  
 Please contact me about coaching my child(s) team.

Please list any comments or special requests:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Liability Waiver, Release, and Indemnification

By my signing as participant, and on my behalf and on behalf of such minor participant and our respective heirs, assigns, successors-in-interest, executors and administrators, I voluntarily and knowingly waive, release, indemnify and hold harmless the City of Edgewater, its officers, employees, representatives, agents and assigns from any and all claims, injuries, damages, or losses, of whatever kind, nature or amount, suffered by me, to my property, or by such minor participants at any activity sponsored, in whole or in part, by the City to which this participant's registration relates. I recognize that activities and services I take advantage of may result in injury, death, or damage to myself, my property, or to others, including but not limited to injuries caused by negligence and/or the actions or omission of the City or of third party (for example and not by way of limitation: falls, contact with other participants, injures relating to equipment or the condition of the facilities), all such risks being known and appreciated by me. I understand I am waiving any right to bring or have brought on my behalf any such claims or lawsuits against the City by signing this form.

Participants involved in Edgewater Parks and Recreation programs may be photographed and such photographs may be used to publicize City activities.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature (parent/guardian if participant is under 18 or under legal guardianship) Date

(Office Use Only)  
 Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_  
 \$ \_\_\_\_\_ Taken on \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Staff Initials: \_\_\_\_\_

**Rec Entry:**  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Registration ID# \_\_\_\_\_