

TRAILS RECREATION CENTER PROGRAM REGISTRATION FORM

Date: _____ **District Resident:** Y N
Family Name: _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____
City, State, Zip: _____
E-Mail Address: _____

As a participant/parent or guardian of a child in the program, I recognize and acknowledge that there are certain risks of physical injury including, but not limited to, permanent disability or death, which may be sustained as a result of participating in any and all activities associated with Arapahoe Park and Recreation District programs. I further recognize and acknowledge that all activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

In my absence, I authorize the employees or contractors of the Arapahoe Park and Recreation District to call for emergency services for _____ should they be necessary in the event of injury or suspected injury.

I further understand that I am legally responsible for the actions of the above named individual including, but not limited to, any damage to private or public property. I am legally responsible for my own and/or my child's welfare and actions including personal needs and medical expenses. (NOTE: Trails staff does not administer any type of medications)

I hereby release and agree to indemnify the Arapahoe Park and Recreation District, its employees, agents, representatives, contractors and volunteers from all claims or liability for damages and/or injuries incurred in connection with any District event or activity.

Finally, I give my consent to the District that they may use any photographs or videotape taken of me or my child while participating in District activities in future promotional or marketing materials.

I understand the nature of the program for which I am registering and have read and fully understand this release and waiver form.

Signature (required): _____ **Date:** _____
 (If participant is under the age of 18, one custodial parent or guardian must sign)

Please be sure to fill out the registration form completely. Emails addresses are used to send confirmation receipts to participants. Birthdates are used for age specific classes. Signatures are mandatory on all forms!

Please put a 1st & 2nd choice on your registration form to help us look for other classes should the participant be unable to get into first choice classes.

Trails staff is able to check into the availability of classes; however, this does not guarantee a spot as registrations are continuous daily via online and in house on a first come first served basis.

Participants Name	Sex	Birth Date	Activity Name	Activity #	Session #	Start Date	Fee
			1st				
			2nd				
			1st				
			2nd				
			1st				
			2nd				

Total _____

***Please note any special considerations staff should be aware of (allergies, physical limitations, etc.)**

PAYMENT INFORMATION: PAYMENT DUE AT TIME OF REGISTRATION/DO NOT SEND CASH

Make checks payable to Arapahoe Park and Recreation District: Check # _____
 Credit Card (Visa, MasterCard, Discover)
 Card Number: _____ Expiration Date: _____