

PROGRAM REGISTRATION FORM

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

Participants Name	Sex	Birth Date	Activity Name and #	Activity #	Session #	Start Date	Fee

Total _____

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

Payment Information:

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

PLEASE DO NOT SEND CASH

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.

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)

After filling out this form, you may:
 E-mail the form via the button to the right, or
 Print the form and fax to The Trails Recreation Center at 303-617-5493, or
 Print the form and mail or deliver it to:
 The Trails Recreation Center, 16799 E. Lake Ave., Centennial, CO 80015
 Phone: 303-269-8400