



CITY OF DELANO RECREATION DEPARTMENT
925 ELLINGTON STREET, DELANO, CALIFORNIA 93215 • PHONE 661-721-3335 ~ FAX: 661-720-9760

PROGRAM REGISTRATION FORM

Once registration for an activity has reached its limit and or submitted past deadline, a waiting list may be established. These lists are not held from one session to the next. If a space opens, you will be notified and asked to pay before placed into program. Do not attend the first day if you have not been notified to do so.

Sport / Program Name: _____

(Child / Dependent Name) First: _____ **Middle:** _____ **Last:** _____

Birth Date: ____/____/____ **Age:** _____ **Gender:** Male / Female

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **2nd Phone:** _____

Do you agree to receive text messages? Yes No **Email Address:** _____

Is a sibling enrolled in this program? Yes No **First:** _____ **Last:** _____ **Age:** _____

(Parent / Guardian Name) First: _____ **Last:** _____ **Relationship to child:** _____

Birth Date: ____/____/____ **Gender:** Male / Female **How did you hear about us?** _____

Interested in helping as a Coach, Assistant Coach, or other way? Please Specify: _____

Circle Participant's Shirt Size: (YOUTH) YXXS YXSM YSM YMED YLG YXLG (ADULT) AS AM ALG AXLG AXXLG

INITIAL EACH POLICY BELOW:

_____ **Waiver:** In consideration of being permitted to participate I for myself, my heirs, personal representative or assigns do hereby release, waive, discharge, and covenant not to sue the city of Delano, its officers, employees and agents from liability from any and all claims including the negligence of the city of Delano, its officers, employees, and agents, resulting in personal injury, accidents, illnesses (including death) and property loss arising from, but not limited to, participation in the activity.

_____ **Assumption of risks:** Participation in the activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand all participants are involved at their own risk and program fees do not provide insurance. Furthermore, I hereby grant authority to a qualified doctor to render such treatment as deemed necessary under the circumstances. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activity. I hereby assert that my participation is voluntary and that I assume all such risks.

_____ **Indemnification and hold harmless:** I also agree to indemnify and hold the City of Delano harmless from all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought because of my involvement in the activity and to reimburse them for any such expenses incurred.

_____ **Media release:** I understand that the City of Delano captures photographs and video of activity participants. I consent to the unrestricted use of any image, voice, name and/or story in any format that the City of Delano or third parties may create in connection with my participation in the activity. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation.

_____ **Refund policy and returned checks:** Twenty-five dollars (\$25.00) will be charged on all returned checks. A full refund will be given if an activity is canceled. Requests for refunds will be done in person and are only allowed prior to the first day of program and will incur five dollars (\$5.00) service charge. No refunds will be granted after the first day of the program. Allow four (4) weeks for refund via mail. If you must drop out of an activity due to serious illness or injury, please call our office immediately at 661.721.3335.

_____ **Acknowledgment of understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I further agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the state of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be complete and unconditional release of all liability to the greatest extent allowed by the law.

Print name of parent / guardian of participant: _____ **Signature:** _____ **Date:** _____

OFFICE STAFF USE ONLY

Date: _____ **Amount paid: \$** _____ **Receipt #:** _____ **Check #:** _____ **Cash: \$** _____ **Credit Card: \$** _____

Entered by: _____ **Notes:** _____