



Program Registration Form

Please print.

Head of Household Information

| | | | | | | | | | | | |
|-------------------------------------|--|--|-------------------------------------|--|--|------------|--|--|-------------------------------------|--|--|
| Adult Contact Last Name | | | First Name | | | MI | | | Home Phone | | |
| Street Address | | | Apartment/Unit.No. | | | Work Phone | | | Additional Phone o Cell o Spouse | | |
| Additional Phone o Cell o Spouse | | | Additional Phone o Cell o Spouse | | | City | | | State | | |
| Birth date | | | Male or Female | | | Zip Code | | | E-mail Address | | |

| | | | |
|------------------------------|------|-------|--------------|
| In case of emergency notify: | Name | Phone | Relationship |
|------------------------------|------|-------|--------------|

Registration Request >> Mark box if Course # is alternate choice.

| First Name | MI | Last Name If Different | M/F | Date of Birth | Class/Activity Name | Class/Activity Code | Fee |
|---|----|------------------------|-----|---------------|---------------------|---|-----|
| Leave blank if same as Primary Contact Listed above | | | | | | | |
| | | | | | | <input type="checkbox"/> CHECK if alternate | |
| | | | | | | <input type="checkbox"/> CHECK if alternate | |
| | | | | | | <input type="checkbox"/> CHECK if alternate | |
| Total amount due: \$ | | | | | | | |

Payment: Amount Pd. _____ Cash Check # _____ **Make checks payable to the City of Tempe.**

Credit Card # _____ / _____ / _____ Exp. Date ____ / ____

Credit Card Authorization Signature: _____

Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability.
 I sign it of my own free will.

Signature of Participant _____ Date _____
 (Parent or Guardian if Participant is under 18)