



Program Registration Form

Head of Household Information (Please Print)

ADULT CONTACT Last Name		First Name	MI	Home Phone	
Street Address		Apartment/Unit.No.		Work Phone	
City		State	Zip Code	Additional Phone <input type="checkbox"/> Cell <input type="checkbox"/> Spouse	
Birth date		Male or Female	E-mail Address		
Additional Phone <input type="checkbox"/> Cell <input type="checkbox"/> Spouse					

In case of emergency notify:	Name	Phone	Relationship
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Registration Request >> Mark box if Course # is alternate choice.

Last Name	MI	First Name	M/F	Date of Birth	Class/Activity Name	Class/Activity Code	Fee
						<input type="checkbox"/> CHECK if alternate	
						<input type="checkbox"/> CHECK if alternate	
						<input type="checkbox"/> CHECK if alternate	
TOTAL AMOUNT DUE:						\$	

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

Payment: Amount Pd. _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Make checks payable to the City of Tempe .
<input type="checkbox"/> Credit Card # _____ / _____ / _____ Exp. Date ____ / ____ CVC _____
Credit Card Authorization Signature: _____