

Arcade Creek Recreation and Park District  
 4855 Hamilton St.  
 Sacramento, CA 95841  
 Phone (916) 482-8377 \* FAX (916) 483-1320  
**Registration Form**



**Parent/Adult contact (Main Account Holder) Information**

Name (Last, First) \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Emergency Contact (not parent) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are there any specific accommodations desired/needed to provide the fullest participation in this activity (as related to medical condition, medicine, allergies; and/or developmental, physical mental, learning, hearing, visual or other specific consideration)?  YES, please explain \_\_\_\_\_  No *If yes please arrange an appointment after registration to further discuss appropriate accommodations. Our goal is to insure the fullest involvement and benefit possible to all participants.*

Participant Name	Gender	Birth Date	Activity #	Activity Name	Dates	Fee
<b>Total Fees</b>						

**YOU CAN PAY WITH A CREDIT CARD**

I hereby authorize the use of my  Master Card  Visa  AMEX Credit Card Number \_\_\_\_\_  
 Name as it appears on card \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**LIABILITY AGREEMENT, WAIVER & RELEASE**

I have carefully read the description of class(es) for which I/we are registering and in consideration for being permitted by the Arcade Creek Recreation and Park District to participate in the (above) activity(ies) (described in brochure), I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Arcade Creek Recreation and Park District (its officers, employees, and agents) from any and all liability arising out of our connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this Waiver, Release and Assumption of Risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity. I give permission for my photograph to be used for publication in district publications.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS ISA RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ARCADE CREEK RECREATION AND PARK DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Signature \_\_\_\_\_ Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent: (to be completed and signed by parent/guardian if applicant is under 18 years of age)**

I hereby consent that my son/daughter, listed above, may participate in the (above) activity (described in this brochure), and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity. I give permission for my child's photograph to be used in district publications.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_