# Activity Registration Form

## 1 Participant Information

| Activity # | Last Name | First Name | Birthdate | M/F | Activity Title | Fee | Alt. Choice |
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## 2

Adult's Name _____ Main Phone (_____)_____

Address _____ Alt. Phone (_____)_____

City _____ State _____ Zip Code _____ ☐ New address

E-mail Address _____ ☐ New e-mail address

☐ Check here if you are submitting proof of residency. ☐ Check here if you are submitting Date of Birth documentation.

☐ Paying by check through mail? Driver's License # _____ Exp. Date _____

## 3

**Special Needs:** For those who may require special accommodations to participate in a City program or activity, please complete the information below so that we may assist you in enjoying your experience to the fullest. *(Notification must be received 14 days prior to activity.)*

☐ Please contact me regarding the following necessary program modification: _____

_____

## 4

☐ **I would like to support the R.C. Community & Arts Foundation with a donation -- $** _____

☐ **I would like to support the R.C. Public Library Foundation with a donation -- $** _____

## 5

**Medical Release:** I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child(ren) in case of an emergency and in the event that I cannot be contacted.

**Signature of Parent or Guardian** _____ **Date** _____

Doctor's Name _____ Hospital Name _____

Existing Medical Condition _____

## 6

***This information required for registration in Youth Sports Activities ONLY.***

**Child #1 -** Ht. _____ Wt. _____ Previous Team _____ Last Season Played _____

**Child #2 -** Ht. _____ Wt. _____ Previous Team _____ Last Season Played _____

## 7 RELEASE OF LIABILITY & ASSUMPTION OF RISK

I, _____ (Last, First, Middle) have full authority to enter into this registration agreement and release of liability on behalf of myself, or on behalf of a minor child _____ (Last, First, Middle), (hereinafter "participants"). I certify that I am the parent or legal guardian of any minor child enrolled in any activity by this registration agreement. I fully understand that our participation in any activity or activities offered by the City exposes participants to the risk of property damage or personal injury, including, but not limited to, injuries to the back, knees, hamstrings, wrists, neck, or other physical injuries, up to and including death. We hereby acknowledge that I and/or my minor child am voluntarily participating in this "activity," and are aware of and agree to assume any such risks arising from such participation.

I, on behalf of participants, my heirs, administrators, executors and assigns, hereby release, discharge and agree not to pursue any claims, demand, actions, or suits, and to indemnify and hold harmless, the City of Rancho Cucamonga, its elected officials, officers, agents and employees, for any injury, death or damage to, or loss of personal property arising out of, or in connection with, my participation in the "activity" from whatever cause, including claims involving the active or passive negligence of the City or any other participants in such "activity". BY EXECUTING THIS FORM ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I STATE AND DECLARE THAT I HAVE FULL AUTHORITY TO ENROLL THE PARTICIPANT IN THIS ACTIVITY, AND TO EXECUTE THIS RELEASE OF LIABILITY, AND UNDERSTAND THAT IT BINDS ME AS WELL AS ANY OTHER PERSON THAT HAS AUTHORIZED ME TO ENROLL THE MINOR CHILD OR PARTICIPANT IN SUCH ACTIVITY.

Participants permit the taking of photographs of themselves and/or their minor children by the City of Rancho Cucamonga during recreation activities and understand that they may be used in City publications and/or websites without liability or compensation of any sort.

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**

***Participant Signature*** _____ ***Date*** _____

***Parent/Legal Guardian* must sign if participant is under 18***

**Legal Guardian must provide court guardianship documentation.*

## 8

☐ Visa ☐ Disc

☐ MC ☐ AmEx

Cardholder Name _____

Cardholder Signature _____

Card Number _____ Exp. Date _____

☐ Other _____ in the amount of $ _____

*(Credit on Account, Scholarships, etc.)*