CITY OF BAKERSFIELD Recreation & Parks

Activity Registration Form

Participant Registration Information

First Name	Last Name	M/F	DOB	Activity Title	Activity/Session#	Fee

*Additional fees apply to all cancellations and refunds.

TOTAL: _____

Contact Information *(Parent/Guardian if participant is a minor)*

First Name _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Youth Sports Shirt Size: _____

Emergency Contact Name & Phone: _____

Special Information

Allergies/Medical Alerts, etc.: _____

The City of Bakersfield welcomes individuals with disabilities and special needs into our programs. Please describe any accomodations needed to ensure successful inclusion: _____

_____

Release/Assumption of Risk

Participants are required to read and sign the following declaration:

THE UNDERSIGNED DOES HEREBY, and for his/her heirs, executors, administrators, successors and assigns, release, waive, acquit and forever discharge the City of Bakersfield, its Mayor, Council, officers, agents and employees from any and all claims, actions, causes of action, rights, damages, costs, expenses and compensation whatsoever, which the undersigned may hereafter accrue, on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or property damage occurring to the undersigned or the undersigned's child(ren) as a result of participation in this event.

IT IS FURTHER UNDERSTOOD AND AGREED that the undersigned voluntarily assumes all risk(s), inherent or otherwise, known or unknown, associated with this event and that this waiver, release and assumption of risk is to be binding on my or my child(ren)'s heirs and assigns.
I agree to indemnify and hold free and harmless the foregoing parties from any loss, liability, damage or expense which may incur as a result of any death, injuries, maintenance or property damage that may be sustained by me or my child(ren).

IN ADDITION, I realize that all participants and spectators of any department programs are subject to being photographed and such photographs may be used by the City of Bakersfield without any obligation to provide compensation to those photographed.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ **Date:** _____

If participant is under 18, parent or guardian listed above must sign.

Print Name: _____

Please complete if Paying by Credit Card ***(Mail-In registrations only)*** ***We accept:***

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Signature: _____

OFFICE USE ONLY Initials: Date: Receipt #: Amount: Check Cash Credit