

Registration Form

Household Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency contact name: _____ Phone: _____

Briefly list any special needs: _____

Please print all information							
Participant Name (Last, First)	Date of Birth	Sex M/F	Class Name	Session	Start Date	Listed Fee	Special Needs
Total (pay this amount)						\$	

Method of Payment (check one):

- Cash (walk-in only)
- Check (Payable to "City of Manassas Park". There is a \$25.00 fee for returned checks.)
- Credit Card Visa Mastercard

Card Number: _____ Exp. Date: _____

Name on Card (print): _____

Liability Release: I understand the nature and scope of the above listed class/program. I understand that there are risks and dangers associated with the class/program. I understand that it is not the function of the City of Manassas Park, Department of Parks and Recreation, its employees, agents, operators or instructors to guarantee that the safety of participants with respect to activity (s). I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants. In consideration of my (the participant's if under the age of 18 and parent, legal guardian or legal custodian is signing for participant) being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Manassas Park, its employees, agents, operators and instructors from any and all claims, demands, costs, charges and expenses from harm, injury, damage or loss which may be sustained by me (by participant if under the age of 18 and parent, legal guardian or legal custodian is signing for participant) as a result of or related to participation in this activity.

In witness whereof, I have executed this liability release as my own free act on this date: _____

Signature _____