

PROGRAM REGISTRATION FORM

Program Information

Program Name	Program Number	Price
Program Name	Program Number	Price
Program Name	Program Number	Price
		Total

Customer Account Information – Parent/Guardian or Participant if 18+

<i>Items marked with an asterisk (*) are required</i>			
First Name*		Last Name*	
Street Address*		Apartment/Unit Number	City & State* Zip Code*
Home Phone*	Cell Phone*	Do you agree to receive Text Message Alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone Service Provider (For Text Message Alerts)
E-mail Address*		Do you agree to receive promotional e-mails?*	Gender* Date of Birth (Month/Day/Year)*
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact you regarding opportunities to volunteer?*		How did you hear about us? (Flyer, Website, Word of Mouth, etc.)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Participant Information if under 18

<i>Items marked with an asterisk (*) are required</i>			
First Name*	Last Name*	Gender*	Date of Birth (Month/Day/Year)*
First Name*	Last Name*	Gender*	Date of Birth (Month/Day/Year)*
First Name*	Last Name*	Gender*	Date of Birth (Month/Day/Year)*
First Name*	Last Name*	Gender*	Date of Birth (Month/Day/Year)*

Emergency Contact

<i>If possible, the emergency contact should NOT be the parent or guardian. The emergency contact is only contacted if we cannot reach the parent/guardian we have on file.</i>		
First Name		Last Name
Relation		
Home Phone	Work Phone	Cell Phone

Do any of the participants have allergies or other health risks we should be aware of?

Yes No

If so, please indicate which participant and what allergies or health risks we should be aware of.

Do any of the participants require accommodations to participate in this program?

Yes No

If so, please indicate which participant and what accommodations are necessary.

PROGRAM PARTICIPANT WAIVER

I am aware that participation in any program, sport, or activity can be dangerous involving risks of injury and/or illness. I understand that the dangers and risks of participating include, but are not limited to, death, serious or permanent injury, damage to other parts of my body, and possible contraction of an illness. I understand that spinal and neck injuries, which could cause brain damage and/or paralysis, are among the many injuries I could receive from participation in these activities. I am aware of the nature of this activity, and I assume responsibility for myself, if I am a participant, and as parent or guardian of the minor child(ren) indicated as participant(s). In consideration of the permission by Coconino County to accept the named participant(s) in programs, the undersigned hereby releases and holds harmless Coconino County, the Parks & Recreation Department, its officers, officials, employees, and volunteers from and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the County regarding said activity, including transportation to and from the activity.

The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activities for which this registration is submitted and voluntarily and knowingly assumes the risks of engaging in the activity. I hereby approve of the County to use my likeness or my minor child's likeness in future publications and/or publicity. All photos will remain the property of Coconino County. By signing this agreement, you are agreeing to relieve the County of liability to personal injury, wrongful death or property damage, and release photo rights.

Please print legibly

Participant(s) Name(s): _____

Parent/Guardian Name: _____

Signature: _____ Date: _____