



Registration Form

Please make check or money order payable to:
Albany Parks and Recreation

Parent/Guardian

First Name _____ Last _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Day Phone _____

Emergency Contact _____ Phone _____

Email Address _____

Does this participant need any special assistance or does staff need to be aware of any conflicts or situations while they are participating? Please use back if you need more space.

Participant Information

First	Last	M/F	Age	DOB	Program/Camp Name	Fee

Total Fees Due	\$	
Amount Paid	\$	Check No.

Participation in this activity may involve risk or injury. To my knowledge participants listed above have no health impairment which might interfere with or preclude any participation in the above described activity.

I hereby agree to release, discharge, and hold harmless the City of Albany, its employees, contracted instructors and volunteers from any liabilities which may occur from participating in the activity. I further understand that the City of Albany does not provide accident/medical insurance for program participants.

In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

Signature (Parent/Guardian if participant is under 18)

Date