COLLEGE PARK RECREATION DEPARTMENT
REGISTRATION FORM

Please Print

NAME_____AGE_____ DOB_____

ADDRESS_____ APT. #_____

CITY_____ ZIP CODE_____

HOME PHONE (____)_____ EMAIL:_____

MOTHER'S NAME _____ WORK PHONE (____)_____
(Necessary if participant is under the age of 18)
CELL PHONE (____)_____

FATHER'S NAME _____ WORK PHONE (____)_____
(Necessary if participant is under the age of 18)
CELL PHONE (____)_____

In Case of Emergency Contact_____ (____)_____

Karate	☐
Swimming	☐
Tutorial	☐
Gymnastics	☐
Dance	☐
Weight room	☐

PARTICIPANT APPROVAL

I fully understand:

1. The Recreation Accident Insurance is mandatory for those who do not have health Insurance and is optional for those who have health insurance. The Premium is $ 6.00 for the year. Policy year begins Jan 1st and ends Dec 31st of each year.

   - ❑ I do have Health Insurance
   - ❑ I do not have Health Insurance

2. INSURANCE: The Participant shall choose one of the following options regarding insurance and shall be bound by the terms thereof **[CHECK ONE]**

   - ❑ Participant warrants that Participant currently has health insurance coverage as reflected on the attached certificate of insurance **[MUST ATTATCH CERTIFICATE]**. Participant acknowledges that the City has relied upon this representation in allowing Participant to participate in the Activity. In the event that Participant is not so covered by health insurance or ceases to be so covered by health insurance while participating in the Activity, Participant agrees to indemnify the City, its officers, directors, management, employees, and members of the Governing Body of the City, of, from and for any and all claims, including costs and expenses, by any person or entity against the City arising out of or by virtue of the Participant's medical costs resulting from participation in the Activity.
   - ❑ Participant elects to purchase accident insurance from the City.

3. That participant will abide by all rules and regulations set forth or are subject to suspension from participation in this program.

List any allergies: _____
List any physical handicap or disabilities: _____

By signing the Parent/Guardian or Participant (age 18 or older) has read and agrees to abide by all the terms and conditions of this document. Terms and Conditions are given on the back of this registration form.

Signature: _____ **Date: _____**

For Office Use Only

SESSION	CLASS	DAY /TIME	INSURANCE	NON RESIDENT	AMOUNT	RECEIPT