

# Roswell Recreation & Parks Department Registration Form

Please Print all information clearly. If you have moved, please ask for a Household update form

Name of Parent/Guardian: \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F \_\_\_\_\_

Activity #	Activity Name
56080	Therapy

Activity #	Activity Name

### Pool Pass

Family Member	DOB	Family Member	DOB

### Waiver of Liability

If participant has any medical conditions we need to be aware of, please ask registrar for a medical form

#### PLEASE READ AND SIGN THE WAIVER STATEMENT BELOW

I, the undersigned, understand and acknowledge that participation in a recreation activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to: falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release the City of Roswell, the Roswell Recreation, Parks, Historic & Cultural Affairs Department, it's cosponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Participant or Parent/Guardian

**REFUND INFORMATION:** A \$10 fee will be charged for each refund regardless of the date requested. A fee of \$25 or 25% (whichever is less) if requested less than 5 business days before the starting date. A fee of 50% will be charged if requested before the 2nd meeting date. No refunds will be processed thereafter. Tryouts are considered the starting date for athletic programs. The first practice is considered the 2nd meeting for athletic programs. Refund request forms are available at the Bill Johnson Community Activity Building during building hours. Phone-in requests are not accepted.