



## 2012 Class Registration Form

Parent / Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone (\_\_\_\_\_)\_\_\_\_ Day Phone (\_\_\_\_\_)\_\_\_\_\_

PARTICIPANTS NAME	M / F	DATE OF BIRTH	ACTIVITY/CLASS NAME	START DATE	TIME	FEE \$
<b>FORM OF PAYMENT</b>	<b>CASH</b>	<b>CHECK #</b>		<b>TOTAL \$</b>		
<b>RECEIPT #</b>	<b>DATE</b>	<b>STAFF</b>				

**PRE-REGISTRATION IS REQUIRED FOR ALL CLASSES AND ACTIVITIES UNLESS OTHERWISE STATED. All registration fees are due at the time of registration. Please register at least 7 days in advance to ensure class minimums are met and to avoid class cancellations.**

**RELEASE OF LIABILITY:**

I waive all rights and release all claims that might be had against the City of Fircrest Community Center, its hired or contracted instructors, and their employees and agents, for any and all injuries or losses which may be suffered because of my, or my child's or children's participation in the above activity offered by the City of Fircrest Community Center.

I consent to my, or my child's or children's participation in the activity/program of the City of Fircrest Community Center, and authorize the City of Fircrest Community Center and its employees or agents to provide emergency treatment for me, or my child or children on my behalf.

I give my permission to have my photo or the photo of my children or child taken during classes used for publicity purposes by the City of Fircrest Community Center.

I consent to the use of my name, likeness and voice or those of my child or children without monetary compensation in connection with any City of Fircrest Community Center publicity, and expressly release the City of Fircrest Community Center and its agents from any and all claims for damages for libel, slander, invasion of the right of privacy and any other claim arising out of any broadcast, exhibition, promotion or advertising of the City of Fircrest Community Center.

Signature of Participant (18 yrs+) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

[www.cityoffircrest.net](http://www.cityoffircrest.net)

**Make checks payable to City of Fircrest**  
 (Please DO NOT use this form for youth sports league registrations)