

City of Anderson

PARKS & RECREATION DEPARTMENT

1887 Howard St., Anderson, CA 96007 - (530) 378-6656 - Fax (530) 378-6629

OFFICE HOURS
Mon.-Fri. 8:00-5:00pm
Closed for Lunch Noon-1:00pm
Closed Sat. and Sun.

ACTIVITY/CLASS REGISTRATION FORM

Participants Name _____ Age _____

Parent/Guardian Name _____

Address _____

City _____ Zip _____

Contact Phone # 1 _____ #2 _____

Email Address _____

Office Use Only

Approved By: _____

#1-0000-4763 \$ _____

_____ \$ _____

_____ \$ _____

Amount Paid \$ _____

Date Paid _____

Receipt # _____

Class/Activity _____
Other Class/Activity _____
Location _____ Date _____ Time _____

Youth Basketball/SNAP
School _____ Grade _____
Do You Plan On Coaching? Yes ___ No ___ Maybe ___
Players T-Shirt Size (**Please Circle One**) Youth S ___ M ___ L ___ Adult S ___ M ___ L ___ XL ___

Swim Lessons
Session 1 ___ Session 2 ___ Session 3 ___ Session 4 ___ Class Time _____
Tadpoles ___ Otters ___ Sardines ___ Angel Fish ___ Individual Pass ___ Family Pass ___ Other _____

CHILD'S EMERGENCY INFORMATION/RELEASE OF LIABILITY

Any Allergies/Medical Conditions _____

Special Instructions/Needs _____

Emergency Contact Person/Contact # _____

I, the undersigned, understand and acknowledge that risks exist in the various activities and facilities offered by the City of Anderson, including but not limited to, the risk of illness, serious personal injury, disability or death. Further, in the event of an emergency medical occurrence, the City of Anderson, and all sponsors, employees, agents, volunteers, and or representatives will contact professional emergency medical personnel, and will not directly provide medical services, and will not be responsible for providing medical services. Should any City employee, agent, volunteers and /or representative provide medical services, then all immunities set forth under Health & Safety code section 1799.107 and the Government Code shall apply. I assume all risks, including unforeseen risks. To the fullest extent permitted by law, I waive all claims and forever release the City of Anderson, its officers, employees, volunteers, and agents, from any claims, damages, liabilities, losses, suits, injuries, costs and expenses, including attorney fees, for personal injury to the minor or any other person, or loss of any property, arising from the minor's use of City of Anderson's facilities or participation in any activities on or off City of Anderson premises, which includes the events and activities held at property owned, leased or otherwise held by the Anderson High School District, Cascade School District, Happy Valley School District, or Cottonwood Elementary School District.

I represent that the minor is healthy enough to safely undertake the activities offered by the City of Anderson, comprehend instructions and follow directions.

I understand and acknowledge that the City of Anderson, or any of the above referenced school districts, are not the insurer of the minor or me. I will maintain insurance to protect the minor, including health insurance, and to the extent I deem prudent, liability coverage.

This authorization shall remain in effect until revoked in writing and delivered to said agent(s).

Signature _____
(Parent/Guardian)

Date _____