



# Fremont Community Recreation Authority Program Registration Form

**\*ALL INFORMATION IS REQUIRED**

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact #1 (Name and Phone) \_\_\_\_\_

Emergency Contact #2 (Name and Phone) \_\_\_\_\_

Email Address \_\_\_\_\_

Participant Name	Birthdate M/D/Y	Gender	Activity Name	Session # & Date	Time	Fee
		M F				
		M F				
		M F				
		M F				
		M F				
<b>TOTAL</b>						

## Payment Method

- Cash  
 Check # \_\_\_\_\_ (Checks payable to FCRA)  
 Discover/MasterCard/Visa (circle one) Cardholder Signature \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

## Adult Participant Agreement

I understand that my participation in community recreation activities is voluntary. I also understand that, as with all activities, there is a certain degree of inherent risk, including the possibility of head injuries/concussions associated with certain athletic events. As a consenting adult, I assume full responsibility for any injuries arising out of my participation in this activity. I hereby give permission to the Recreation Authority Representatives to pursue whatever medical treatment necessary to provide for my care up to and including hospitalization. In addition, I agree to pay any and all medical and hospitalization costs. I agree to release the Fremont Community Recreation Authority, its' employees, partners, and agents from any and all claims arising out of my participation in this program. I acknowledge that the above statements about assumption of risk were read by me and that I understand them. I hereby agree to the above terms and conditions.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Child Participant Parent/Guardian Agreement

I understand that my child's participation in community recreation activities is voluntary. I also understand that, as with all activities, there is a certain degree of inherent risk. As a parent/guardian, I assume full responsibility for any injuries arising out of my child's participation in this activity. If my child is injured and the Recreation Authority Staff are unable to contact me, I hereby give them permission to pursue whatever medical treatment necessary to care for my child including hospitalization. In addition, I agree to pay any and all medical and hospitalization costs. I agree to release the Fremont Community Recreation Authority, its' employees, partners, and agents from any and all claims arising out of my child's participation in this program. I acknowledge that the above statements about assumption of risk were read by me and that I understand them. I hereby agree to the above terms and conditions.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_