

**RECREATION PARTICIPATION
REGISTRATION**
CITY OF PAGE, RECREATION
P.O. BOX 1180, PAGE, AZ 86040

Child's Name:		P. O. Box:	
Street Address:	City:	St:	Zip:
Birth Date:		Age on 8/31/07:	
School Attending:	Grade 2006/2007:	<input type="radio"/> Male	<input type="radio"/> Female
Fathers Name:	Home #	Work #	
Mother Name:	Home #	Work #	
Father: e-mail	Cell#:		
Mother: e-mail	Cell#:		
Child: e-mail	Cell#:		
Program:		Dates:	

Register at the Sports Complex or Page City Hall or mail to "Programs", P.O. Box 262, Page, AZ 86040. **Make check payable to, CITY of PAGE.** There will be a \$25 charge on all returned checks. FEES MUST ACCOMPANY REGISTRATION OR THEY WILL NOT BE ACCEPTED.

I/We verify that my/our child is physically able to participate in recreation programs. I/We, the below signed, as parent or legal guardian of the above listed child, understand there are certain risks and hazards associated with any and all activities and agree to accept the responsibility for medical services if necessary for the above child. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Page, Page Unified School District #8, the organizers, coaches, sponsors, supervisors, participants and persons involved in the activity or those transporting my/our child, whether the results of negligence for any other cause and release them from all liability. I/We, the parents or guardians, give my/our permissions for any emergency treatment necessary, either on the practice facility, game facility or emergency room. I/We give permission for my/our child to participate in this recreation program. THE CITY DOES NOT CARRY MEDICAL/ACCIDENT OR LIABILITY INSURANCE FOR INDIVIDUALS OR TEAMS.

PARENTS SIGNATURE: _____

Does your child have any allergies to drugs, etc. YES _____ NO _____ If yes, please list

_____.

Names any medical condition needing frequent or constant treatment

In case of an emergency if the parent cannot be reached, please provide the name and phone number(s) of another responsible person that may be contacted.

Official use only:

Payment received by: _____ # of Children: _____ Receipt # _____

Date: _____ Amount: _____ Check#: _____ Cash: _____