

# CLASS REGISTRATION FORM

## Account Main Contact Name - Parent/Legal Guardian

Last Name:		First Name:
(Circle) Mr.   Ms.   Mrs.	(Circle) Male   Female	Home Phone with area code: ( )
Email:		Work Phone with area code: ( )
		<input type="radio"/> City of Maricopa Resident <input type="radio"/> Non-Resident

## Address & Emergency Information

Address:		DOB for parent/guardian (xx/xx/xxxx)
City	Zip Code	Emergency Contact & Phone

## Activity Registration

This registration is for (circle one):							WINTER	SPRING	SUMMER	FALL
Participant Name (one line per person or class)	Age	Class title	Day/s	Program Fee	Date of Birth (xx/xx/xxxx)	Gender M or F				

### Signature:

*To the extent allowed by law, I hereby absolve the City of Maricopa, its employees, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member of my family attends or registers into; and, in the event that the above participant is a minor, I hereby give my permission for his or her participation as indicated and in doing so absolve the City of Maricopa, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and /or medical condition. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.*

*A signature is required by each adult participant registering on this form. One parent/guardian may sign for all minors on this account.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to:  
City Hall | 45145 W. Madison Ave. | Maricopa, AZ 85139

