

MCFARLAND RECREATION AND PARK DISTRICT

100 South Second St. McFarland, CA 93250 ** Phone: (661)792-3187 Fax: (661)792-6846

www.mcfarlandrpd.com (Like us on Facebook)

REGISTRATION FORM FOR

(Activity)

Participant Name First/Last	Grade	Age	Birthday	Sex	*If incorrect shirt size is ordered by the parent/ participant, a \$12 replacement fee will apply*							
					Shirt Size:							
					YXS	YS	YM	YL	AS	AM	AL	AXL
					YXS	YS	YM	YL	AS	AM	AL	AXL
					YXS	YS	YM	YL	AS	AM	AL	AXL
					YXS	YS	YM	YL	AS	AM	AL	AXL

Parent/Legal Guardian Information:

LAST NAME: _____ FIRST: _____ HOME PHONE: _____

ADDRESS: _____ CITY: _____ ZIP CODE _____ CELL PHONE: _____

EMERGENCY #: _____ PARENT WILL COACH A TEAM: _____ SPONSOR A TEAM: _____

AGREEMENT, WAIVER, AND RELEASE

I understand the risks involved in participating in the above activity(ies) for which I/we are registering; and, in consideration for being permitted by the above district to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity (ies) involves an element of risk and danger of accident and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL/LEGAL GUARDIAN CONSENT

(To be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent my child(ren) _____ participate in the (above) activity and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold harmless the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity(ies). **I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MY-SELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

____ I authorize the use of photographs of myself and my child for use in MRPD's printed publications/website
 ____ I do not authorize the use of photographs of myself and my child for use in MRPD's printed publications/website

SIGNATURE _____ DATE _____ *****NO REFUNDS*****
 PRINT NAME _____ (Please review this form to assure all information is complete & correct.)

(Office Use Only)

Amount Paid: _____ Cash _____ Check # _____ Receipt # _____ By _____
 Make checks payable to McFarland Recreation & Park District (MRPD) Mail To: P.O. Box 337, McFarland, CA 93250-0337
Note: McFarland Recreation & Park District does not provide Medical-Accident Insurance for Participants.