

**City of Columbia
Parks and Recreation Department**

Art Center Registration Form

IMPORTANT: APPLICATION WILL NOT BE PROCESSED WITHOUT PROPER FEE, and PARENT/GUARDIAN SIGNATURE.

Registering for:

Introduction to Throwing 11 + (\$25 Registration Fee) (\$55 Instructor Fee)
Session 1 _____ Session 2 _____

PARTICIPANT'S NAME _____

Age _____ Date of Birth _____ Sex _____

Address _____ City, State, Zip _____

Parent/Guardian Name(s) _____

Father _____ Mother _____ Guardian _____ (check appropriate box and list numbers below)

Home # _____ Work # _____ Cell # _____

E-Mail: _____

LIABILITY STATEMENT

In consideration of the services and facilities provided by the City of Columbia, its employees, agents, and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out my (child's) participation in this program.

I am fully aware of risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity.

I agree that photographs, recordings, or any other record may be used for the purpose of promoting programs operated or sponsored by the City of Columbia.

In case of illness, I authorize a representative of the City of Columbia to obtain immediate care deemed necessary by licensed medical personnel.

I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

Signature: (Parent/Guardian if under 18)

Date

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For Office Use Only:

RECEIPT # _____

Date _____