

# Pleasant Hill Parks & Recreation

## Registration Form/Release of Liability

Return to: Pleasant Hill City Hall, 5160 Maple Drive, Suite A, Pleasant Hill IA 50327

Parent/Guardian/Group Leader Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Additional Comments / Medical Information: \_\_\_\_\_

I hereby agree to indemnify and hold the Pleasant Hill Park and Recreation, and City, its agents, commissioners, officers, volunteers and employees of, from any and all liability for personal injuries or damages I may sustain while participating, in traveling to or from, or observing of the Department sponsored activities. I also give consent for participants to be photographed for use by the Department or other media for promotional purposes. The individuals listed below have my permission to participate in the listed programs.

\_\_\_\_\_  
(Signature of parent/guardian/group leader if minor)

You may register multiple family members on one form. Completed signed forms and full payment are considered confirmation. It is the responsibility of the disabled individual requiring accommodations to contact the Parks & Recreation Office at least 48 hours in advance, to allow full participation in an activity. For more information, call the Parks & Recreation Office at 309-0049.

Participant Name	Sex (M/F)	Age	Program Name	Program Date	Class #	Session #	Fee

Total Amount Due: \_\_\_\_\_ Cash Amt: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_