SAN ANGELO RECREATION DEPARTMENT
www.sanangelotexas.us/seniors

REGISTRATION FORM

PARTICIPANTS INFORMATION:

First Name: _____ Last Name: _____

Gender: M or F Home Phone: (____) _____-_____ E-mail: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____

MEDICAL INFORMATION

Name & Phone # of Person to call in case of Emergency: _____

_____

Emergency Medical Information: _____

Activity Name	Activity Number	Location of Activity Santa Fe Crossing, Station 618	Fee
		Late Fee	
		Total	

PERSONAL RELEASE STATEMENT: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to indemnify and hold the City of San Angelo, its employees and the recreation program sponsors HARMLESS from any liability loss, cost or expenses (including attorney fees, medical and ambulance cost) that I incur while participating in Park, Recreation and Open Space activities.

REFUNDS: The City of San Angelo Recreation Department exercise a NO REFUND policy. Credit vouchers will be issued in lieu of refunds for any reason other then cancellations of programs/activities by the Recreation Department. In this event, full monetary refunds will be granted. All credit vouchers or refunds requested for any reason other then medical conditions with verification will be accessed a $2.00 processing fee.

Signature: _____ Date: _____

Staff Initials: _____ Date: _____ Amount Paid: _____ Receipt#: _____ Code: _____