

# ACTIVITY REGISTRATION FORM

REQUIRED INFORMATION

## ADULT PARTICIPANT / (if under 18) PARENT INFORMATION

First Name

M.I.

Last Name

Dover Resident

Non-Resident

Street Address

Home Phone

City

State

Zip Code

Work Phone

Email Address

Cell Phone

## PARTICIPANT INFORMATION

First Name

M.I.

Last Name

Sex

Birth Date (mm-dd-yy)

Activity Number

Activity Name

Activity Fee

1.

2.

Total Amount Due

\$ \_\_\_\_\_

First Name

M.I.

Last Name

Sex

Birth Date (mm-dd-yy)

Activity Number

Activity Name

Activity Fee

1.

2.

## RELEASE STATEMENT:

**Statement of Waiver:** I, for myself or as a parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the City of Dover, employees of the City, volunteers, contractors and/or sponsors from all risk and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the City of Dover Parks and Recreation Department. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission. As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or films whenever so desired free of any claims on my behalf.

Signature of adult participant / If under 18, parent/legal guardian

Date

## \*\*\* Office Use Only \*\*\*

PAYMENT METHOD

Cash

Check #

Amount Paid

Credit Card Payment Type:

Visa

MC

Discover

Registered By: \_\_\_\_\_

Date Entered in Max: \_\_\_\_\_

If Phone Reg. Was Waiver Sent Yes No

Name on Payment Check (if different than registrant name)

Card Number

Exp. Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_