



# AMBROSE RECREATION & PARK DISTRICT

## REGISTRATION FORM

3105 Willow Pass Road

Bay Point, California 94565

[www.ambroserec.org](http://www.ambroserec.org)

(925) 458-1601

FAX (925) 458-2736

**PLEASE PRINT**

### Payee Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Birth date: \_\_\_\_\_

### Participant(s) Information:

FIRST & LAST NAME	BIRTHDATE	CLASS ACTIVITY	M/F	DATE(S)	TIME	COST

### CONSENT & RELEASE

I hereby certify that I am the parent/legal guardian of the above named child/participant and hereby permit him/her to participate in the above program sponsored by the Ambrose Recreation and Park District.

Further, I hereby release the Ambrose Recreation and Park District, its officers, agents, employees and independent contractors from any and all liability, demands or claims for the loss or damage which may be sustained by the above named participant (s) while participating in this program. I understand that the Ambrose Recreation and Park District does not provide accidental injury insurance for participants in this program. Also, I consent to allow medical treatment to the above participant in case of emergency and understand that I am responsible for all cost incurred for such treatment.

I give consent to the Ambrose Recreation and Park District or any other media agency to photograph or video the above-named participant. I understand that the images may be used for brochures, newspapers or other forms of media and that I will not receive any compensation for such use.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_