



# City of Dublin Parks Department

503 N. Church Street, Dublin, GA 31021 478.275.1766 [www.cityofdublin.org](http://www.cityofdublin.org)

Parks Superintendent: [simmonsn@dublinga.org](mailto:simmonsn@dublinga.org)

## PROGRAM PARTICIPANT REGISTRATION FORM

Parent/Guardian First & Last Name \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Apt. Number \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Email Address \_\_\_\_\_ Medical Conditions \_\_\_\_\_

### PLEASE CHECK:

Resident of City \_\_\_\_\_ Non-Resident \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Credit Card (Any and all credit card payments will carry an additional 3% credit card charge) \_\_\_\_\_

Participant Name	Birth Date	Age	Grade	Sex	Activity Name	Program Date	Time	Fee

### PLEASE READ AND SIGN THE WAIVER OF LIABILITY STATEMENT BELOW

In consideration of your accepting this entry, I hereby, for myself, my child, our heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Dublin and its representatives, successors and assigns for any and all injuries or property damage suffered by myself or my child at any activity sponsored by these groups. I understand that I or my child/ward may be photographed while participating in the above program(s). I give my permission for photos or videotape of me or my child/ward to be used to promote City of Dublin Parks Department and that such photos and video will be the property of City of Dublin.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_