



# QC RURAL SKATE COMP



Program Shirt: **FREE** (mandatory for participation)

- |   |  |
|---|--|
| <input type="checkbox"/> Youth Small (6-8)    | <input type="checkbox"/> Adult Medium (38-40)  |
| <input type="checkbox"/> Youth Medium (10-12) | <input type="checkbox"/> Adult Large (42-44)   |
| <input type="checkbox"/> Youth Large (14-16)  | <input type="checkbox"/> Adult X-Large (46-48) |
| <input type="checkbox"/> Adult Small (34-36)  |  |

	Date of Event	Registration	Late Registration	Event Fee	Late Fee
<b>All Participants</b>	Nov. 15	Oct. 13—Nov. 6	Nov. 10—13	\$10	\$5 additional

Please choose which division you will compete in:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Ages 6 & Under | <input type="checkbox"/> Ages 14-16   |
| <input type="checkbox"/> Ages 7-10      | <input type="checkbox"/> Ages 17 & Up |
| <input type="checkbox"/> Ages 11-13     | <input type="checkbox"/> Sponsored    |

### Refund Policy

- Full registration refund through Nov. 6.
- Full registration refund without late fee through Nov. 13.
- No refund after Nov. 13.

### QUEEN CREEK PARKS AND RECREATION

Participant Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Male  Female

Mailing Address: \_\_\_\_\_

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

Subdivision: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone # (H): \_\_\_\_\_ (C): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Would you like to donate \$2 to the QCPR scholarship fund program?

- Yes  No

(The program assists economically disadvantaged individuals who would like to participate in this program.)

### ASSUMPTION OF RISK AND IMAGE RELEASE FORM

I give permission for my child, and/or myself to participate in this program. I understand that the Town of Queen Creek carries no accident insurance for this program. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a Town class or activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered and the Town will make reasonable accommodations. I do herby, for myself, my children, my heirs, executors and assigns, hereby release and hold harmless the Town of Queen Creek, their officials, officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the release's or otherwise, to the fullest extent permitted by law. I am of lawful age and legally competent to sign this agreement for and in behalf of the participants. Furthermore, I give consent for emergency treatment.

The undersigned also agrees and gives permission for their likeness, or the likeness of their child, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the Town of Queen Creek programs. I understand that any omission or misstatement regarding residency on this registration form shall be grounds for removal from the program regardless of the time elapsed.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Please make checks payable to:  
 "Town of Queen Creek"

**Drop off at or Mail to:**  
 Queen Creek Parks and Recreation  
 22350 S. Ellsworth Road  
 Queen Creek, AZ 85242

Registration is accepted by mail-in or drop off only. Faxed registration forms are NOT accepted. The Town of Queen Creek Parks and Recreation Department is not responsible for postal delays.

### FOR OFFICE USE ONLY

Date received \_\_\_\_\_ Check # \_\_\_\_\_ Rec. # \_\_\_\_\_  
 Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Amount Paid \_\_\_\_\_  
 Refund/Credit \_\_\_\_\_ Date issued \_\_\_\_\_  
 Staff \_\_\_\_\_ Residency Verified