

Special Interest Class Registration

LEARN THE QC

Participant Name	Sex	Birth Date	Class Name/Day	Class Fee

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 hereby, for myself, my children, my heirs, executors and assigns, 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 releasees 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

QUEEN CREEK PARKS AND RECREATION

 Name of person registering participant(s)

 Mailing Address

City _____ State _____ ZIP _____

Subdivision: _____

Phone # (H): _____ (C): _____

E-mail Address: _____

Emergency Contact: _____

Phone #1: _____ Phone #2: _____

PROOF OF RESIDENCY IS REQUIRED FOR ALL PROGRAMS. Please bring two of the following current documents: Utility bill (water, electric, gas) showing address of service, printed bank check, property tax statement, or IRS filing statement.

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

FOR OFFICE USE ONLY

Check # _____ Rec # _____

Cash _____ Credit Card _____

Amount Paid _____



QUEEN CREEK RECREATION SERVICES
 21802 S. Ellsworth Road, Queen Creek, AZ 85142

RECREATION