PROGRAM REGISTRATION FORM

Parent/Guardian Name: _____

Address: _____

_____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact Name and Number: _____

Participants Name	Age	Program Name/Date	Fee

Please fill out this form and send to:

City of Crown Point
Parks & Recreation
1313 E. North St.
Crown Point, IN 46307

with a check made out to the City of Crown Point for the total amount of the programs.

If you would like to pay cash please come to 11065 Broadway, Suite F

If you have any questions please call (219)661-2271.

WAIVER OF LIABILITY

Whereas; certain citizens of the City of Crown Point, and other individuals, intend to take part in voluntary, group entertainment, activities and/or meeting programs;

THE UNDERSIGNED does hereby acknowledge that their participation in said entertainment, activity, and/or meeting program is strictly voluntary action on their part; that in the case that said program may pose a threat to their personal health; and that the undersigned will hold the City of Crown Point harmless from any and all claims, or whatsoever type and nature, arising from any injuries or other harm suffered from participation in said program. The undersigned further releases and indemnifies The City of Crown Point from any and all claims from participation in said program and further represents that said release from liability shall also bind their heirs, survivors, beneficiaries and representatives.

Parent/Guardian Signature: _____ Date: _____