



COLLIERVILLE PARKS, RECREATION AND CULTURAL ARTS DEPARTMENT PROGRAM REGISTRATION FORM

(PLEASE PRINT)



PARTICIPANT NAME: _____

RESPONSIBLE PARENT/GUARDIAN NAME: _____

STREET: _____ CITY: _____ ST: _____ ZIP: _____

HOME PH: _____ CELL # : _____ BUS. PH: _____

*GRADE _____ *AGE _____ * DOB _____ * (Under 18 yrs) M _____ F _____

EMAIL (Please Print): _____

RELEASE AND WAIVER

The undersigned acknowledges that the Town of Collierville, through its Parks and Recreation Department, will provide facilities and/or equipment for the conduct of the above described activity. The undersigned further acknowledges that participation in the activity could result in personal injury and/or damage to property and expressly assumes the risk of such injury and/or damage.

In consideration of the Town of Collierville Parks and Recreation Department providing facilities, equipment, organization and supervision of the activity, the undersigned agree(s) and covenant(s) and do(es) hereby release, waive indemnify and hold harmless the Town of Collierville, the Collierville Parks and Recreation Department, and all of its employees, agents, and appointed organizers, sponsors and supervisors from and against any and all claims arising by reason of any damage, loss or injury either to person or property or both, resulting or in result, known or unknown, in connection with participation in the activity and/or any other related activities incidental thereto. The undersigned further acknowledges(s) and agree(s) to be responsible for any and all property damage to or loss of Town of Collierville facilities or equipment attributable to the intentional misconduct or negligence of the participant.

THE UNDERSIGNED ACKNOWLEDGES THAT THIS RELEASE AND WAIVER HAS BEEN COMPLETELY READ AND FULLY UNDERSTOOD BEFORE SIGNING.

PHOTO WAIVER: By registering & participating in Town operated programs, I grant the Town of Collierville right to use any photos of myself, child or family members for publication in the Town of Collierville Parks, Recreation, & Cultural Arts Department brochures, websites, Information Channels, etc.

SIGNATURE OF PARENT OR GUARDIAN _____

PROGRAM REGISTRATION(S)

(Please complete all information)

PROGRAM TITLE	SESSION DATES	DAY / TIME / LEVEL	FEES

Total fees due: _____ Cash _____ Check# _____ Receipt# _____ Date: _____

Supply Fee Received: \$ _____ (Check only) Payable to: _____

Note: NO REFUNDS issued after program begins! Staff Signature _____
Refund Processing Fee: \$15 per program

Note: Written Request must be submitted to department for a refund prior to program start date.
Refund will be submitted to the registering Parent/Guardian and mailing address listed above.

