



## Keller Senior Activities Center Registration Form

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle one: Male/Female

Participant 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle one: Male/Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile/Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ (e-mail is for internal use and will not be sold)

Please  if you would like to receive e-mail reminders for trips, programs, etc.: YES NO

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

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

### **NOTICE: All Participants Must Sign Waiver**

I hereby release, absolve, indemnify and hold harmless the City of Keller, the Parks and Recreation Department, its employees, activity officials, supervisors, any or all in the event of any accident, injury or death sustained by the above named participant(s) while being transported to or from an activity, or while participating in any activity, from any liability of any kind whatsoever. All activities involve some physical nature and I understand and assume the risk. In the event of a serious accident or injury, I understand city officials may contact 911, provide and perform first aid, and when necessary, recommend transport to a hospital and reach the emergency contact listed as soon as the situation allows. I hereby give my approval for participation in any and all the program activities. I give permission for any photographs taken during these activities to be utilized for promotional uses by the City now and in the future.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Civic Rec \_\_\_\_\_ Newcomers Breakfast \_\_\_\_\_ Membership \_\_\_\_\_ Updated \_\_\_\_\_ Initials \_\_\_\_\_