

# City of Homer Community Recreation Program

## Registration Form

NAME: \_\_\_\_\_

FALL  WINTER  SPRING  SUMMER

ADDRESS: \_\_\_\_\_

HOME/CELL # \_\_\_\_\_

\_\_\_\_\_

WORK #: \_\_\_\_\_

E-MAIL \_\_\_\_\_

CITY OF HOMER RESIDENT?  YES  NO

Participant's Name	Class Title	Day	Date(s)	Fee

**Why not "Round Up" your registration fee and donate \$2, \$5, OR \$10 to the Homer Community Recreation Program. Put amount here.**

\_\_\_\_\_ →

*Thanks a bunch!*

Donation Amount \_\_\_\_\_

Total Amount Paid \_\_\_\_\_

**Payment is non-refundable. Classes will not be prorated. Payment for all classes MUST accompany registration form. Make checks/money orders payable to City of Homer Community Recreation or to instructor as noted in class descriptions under "Fees." For more information, call Community Recreation at 235-6090.**

**RELEASE OF LIABILITY AND CONSENT TO EMERGENCY TREATMENT OF MINOR**

The undersigned, as a participant or as parent or legal guardian of a participant in the City of Homer Community Recreation Program, recognizes that some of the classes might involve physical activities that could result in personal injury or property damage. Knowing that there is a risk of personal injury or property damage, the undersigned, as participant and/or parent or legal guardian, agrees to assume full responsibility for any and all reasonable risk to the participant and will release, waive, and hold the City of Homer Community Recreation Program, KPBSD, and employees, agents, and volunteers harmless from any and all actions, causes of action, claims, demands, damages, costs, losses, expenses, and compensation on account of or in any way growing out of any and all known and unknown personal injuries and property damage that might arise from the participant's involvement in the classes. If the participant is a minor child, the undersigned parent or legal guardian consents to the said minor child participating in classes and authorizes the City of Homer Community Recreation to obtain any and all necessary emergency medical care or treatment for the minor child, if reasonable attempts to notify the parent or legal guardian are unsuccessful.

\_\_\_\_\_  
Participant Signature (if over 18 years old)

\_\_\_\_\_  
Date

As parent or guardian of \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date

**Permission for Photo/Video (OPTIONAL)**

From time to time, the local news media and the Community Recreation program will take photos or video of program participants for promotional publication purposes. I hereby agree to recording of voice, appearance, activities, and participation in any program that participant, guardian or adult is involved in. **I am also aware that pictures may be posted on the Community Recreation's website and/or catalogs.**

Participant/Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_