

# Clarksville Family Aquatic Center Program Registration

Please complete the information below and return the registration form with payment to: **Clarksville Family Aquatic Center c/o Clarksville Parks, 2000 Broadway Street, Clarksville, IN 47129.**

## ▶ Registration

|   |                            |                       |                       |  |
|---|----------------------------|-----------------------|-----------------------|--|
| <b>Responsible Person Household Information</b> | First                      | Last                  |                       |  |
|   | Address                    | EMail                 |                       |  |
|   | City                       | State                 | Zip                   |  |
|   | Home Phone (        )      | Cell Phone (        ) | Work Phone (        ) |  |
|   | Emergency Phone (        ) |                       | Emergency Contact     |  |

| Participant Name | Birthdate |     |      | Grade | Sex | Program |
|------------------|-----------|-----|------|-------|-----|---------|
|                  | MONTH     | DAY | YEAR |       |     |         |
|                  |           |     |      |       |     |         |
|                  |           |     |      |       |     |         |
|                  |           |     |      |       |     |         |
|                  |           |     |      |       |     |         |
|                  |           |     |      |       |     |         |

I, the participant, agree to defend, pay in behalf of, and hold harmless the Board of Parks and Recreation, of the Town of Clarksville and its elected officials and appointed officials, employees and volunteers and others working in behalf of the Board of Parks and Recreation against any claim, demands, suits, loss, including all costs connected therewith, for any damage which may be asserted, claimed, or recovered against or from the Board of Parks and Recreation, the Town of Clarksville, by reason of personal injury, including bodily injury and death, and/or property damage which arises out of the alleged negligence of the Board of Parks and Recreation, Town of Clarksville, its employees, volunteers, etc. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature of each adult registrant and/or signature of a parent/guardian for each participant under the age of 18.

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

Method of Payment:     Cash         Check \_\_\_\_\_     Visa/MC     Discover

Card Holder Name: \_\_\_\_\_ Card # \_\_\_\_\_

Expiration: \_\_\_\_\_ Signature: \_\_\_\_\_