PARKS AND RECREATION DEPARTMENT



Recreation Division

Program Registration Form

Program: Master Keys (After School Program)	Facility: <u>City Gym</u>
Male: Female: Email Address:	
Participant's Name:	Age:
Home Phone Number:	Date of Birth:
Address:	
City:	Zip Code:
Emergency Contact:	Phone:
Mother's Name:	Work Number:
Father's Name:	Work Number:
Are you a resident of the City of Orangeburg? Yes N	o Staff verification of residency

I, the undersigned, do hereby give approval for my child to participate in the above program. I also acknowledge that the City of Orangeburg Parks and Recreation Department will issue no refunds if you choose to not have registrant participate before or during the program for whatever the cause. I also agree to be responsible for any uniform or equipment issued to registrant and will return in a timely manner. I understand failure to do so will result in financial responsibility to replace such items.

Statement of Release:

With full knowledge of the Recreation Program sponsored by the City of Orangeburg through its Parks and Recreation Department, we, the undersigned by this agreement, release the City from any and all claims for any injuries received while the above named applicant is engaged in the participation of the above named activity. We do fully release the City and its Parks and Recreation Department, employees, coaches and instructors, from all claims arising while in the participation of these activities stated (including traveling to and from these activities).

The City of Orangeburg will not provide transportation for programs, regular season or postseason participation by the registrant. I understand that photographs of my child may be used for publicity purposes by the City of Orangeburg Parks & Recreation Department. The City of Orangeburg does not offer a voluntary insurance policy for participants.

Signature of Parent or Guardian

Date