

ATHENS COMMUNITY CENTER

ACTIVITY REGISTRATION

(Only if openings are available in the program, check with the Front Desk)

ACTIVITY NAME: _____ ACTIVITY NUMBER: _____

Days of Program: _____

Beginning Date: _____ Ending Date: _____

Times of Activity: _____ Location of Program _____

Cost of Activity: _____

It is strongly recommended that all registrants receive a full medical checkup from their family doctor before enrolling in any physical activity.

PARTICIPANTS NAME: _____

PARENT: _____

ADDRESS: _____ City _____ Zip _____

PHONE: Home (____) _____ Work (____) _____

D.O.B. : ____/____/____ SEX: M F

E-MAIL ADDRESS: _____

*****OFFICE USE ONLY*****

CHECK ONE: *Member* /____/ **Non-member* /____/

* Non-member registrants are **only** allowed in the Community Center for activity in which they are registered.
NO other facilities in the Center can be used unless a **Guest Pass** is purchased.

List any medical conditions that may affect your participation: _____

Class may be cancelled if not enough registrants are signed up.... The Athens Community Center reserves the right to move class if deemed necessary.

Class instructors that are private contractors are **not** employees of the Athens Community Center.

PAYABLE TO : Athens Community Center

AMOUNT PAID \$ _____ RECEIPT # _____ STAFF _____

CHECK /_____/ CASH /_____/ CREDIT CARD /_____/ RECEIPT # _____

WAIVER AND RELEASE

In consideration of the City of Athens granting me permission to engage in the recreational activities in the Athens Community Center, the undersigned does hereby waive, release, save and hold harmless and indemnify the City of Athens, its employees, agents and independent contractors for any and all claims for damage or personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Athens, its employees, agents and independent contractors.

The undersigned further assumes the risk of all dangerous conditions in and about the City of Athens Recreation Department property, both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrator.

I have received a medical checkup from my family doctor and am physically released to participate.

Signature

Date

Signature (Parent or Guardian if under 18)

Date

***Program registration CANNOT be transferred... Full refunds will be given if applied for ONLY before first game being played or before first class meets.**