



Activity Registration Form

Program Information

Activity/Class: _____ Date Offered: _____ Time Offered: _____

▶ Participant's Information:

Name (first, last): _____ Gender (circle one) M F

Date of Birth: _____ School Grade: (1 through 12; **P** for preschool; **K** for kindergarten): _____

Participant's E-mail address: _____

Address, City, State, Zip: _____

▶ **Parent/Guardian Name if participant is a minor (under age 18):** _____

Street Address/City/Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact Information – please list in order of preference:

| | Name | Phone | Relationship |
|----|------|-------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I understand that this event is potentially hazardous, and that I (or my child) should not enter and participate unless medically able and properly trained. I assume full responsibility for any injury or accident which may occur while traveling to or from the event, during the event, or while on the premises of the event. I also am aware of and assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather, traffic and conditions of the road.

I hereby release the City of Paducah and each of its agents from any liability arising out of my participation in this event. This waiver includes any and all claims, whether caused by negligence or the action or inaction of any of the above parties.

I understand the entry fee is non-refundable and non-transferable. I hereby grant full permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Participant's Signature

Date

• Parent/guardian signature if participant is under 18 years old

Return this form and payment to:

Paducah Parks & Recreation, 1400 H.C. Mathis Drive -- or mail to -- PO Box 7265, Paducah, KY 42002

Register online at www.paducahky.gov