



# Registration Form

## Salinas Recreation-Park Department FAMILY REGISTRATION FORM

LAST NAME ONLY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

IN CASE OF EMERGENCY CALL: \_\_\_\_\_  
(NAME) (PHONE NUMBER)

Participant	Age	Class Number	Sports/ Activity	Starting Date	Day & Time	Location	Fee

NO REFUNDS

RECEIPT # \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Permission to participate in the above program sponsored by the City of Salinas is given for myself and/or my minor child as shown above. In consideration of participation in this program, I hereby indemnify and hold harmless and release the City of Salinas, its agents and employees, for any and all liability for injury suffered by myself or my child arising from or connected with this program, and I assume all risk for any injuries received. It is understood that the City of Salinas provides no medical insurance for injuries and that the cost thereof will be at my expense.

### PHOTO POLICY

I hereby authorize and give consent to the City of Salinas, its successors and assigns, to copyright, publish and display all photographs and videos taken by them in which (I \_\_\_\_\_), (my son/daughter \_\_\_\_\_) appears. It is further agreed that the city may use, or cause to be used, my photographs or image for any and all exhibitions, public displays, publications, flyers, brochures, commercial art, and advertising purposes, without limitations or reservation or any compensations.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ WITNESS (STAFF): \_\_\_\_\_

- \_\_\_\_\_ Participant      \_\_\_\_\_ Parent      \_\_\_\_\_ Guardian
- I would like to be:     Coach     Assistant Coach     Team Parent

I would like to request: \_\_\_\_\_