

REGISTRATION FORM

ADULT NAME (Last) _____ (First) _____ DATE _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE (home) _____ (work) _____ (cell) _____

Emergency Contact _____ Emergency Phone(s) _____

EMAIL _____

ASSUMPTION OF RISK AND RELEASE FORM: Injuries to participants in small craft programs may occur from risks inherent in the sports or activities; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or racing rules; from the use of transportation to and from regattas, races and other events and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat; my boat might capsize or I might be thrown overboard into cold water; it may hit another boat or run into an obstruction or the shore, and the collision injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold and sun, I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the directions of my instructors and will follow all safety rules. I will tell my instructor about any limitations or medical restrictions on my participation. In consideration for my acceptance as a participant, I agree to assume the risks, release and hold the City of Seattle, its advisory councils, and sponsoring organizations, and their employees, independent contractors and agents harmless from claims for injuries and damages, which may occur from or as a result of my participation in the program. I agree that this assumption of risk and release shall bind my heirs and my estate. Participation authorized; risks assumed; and release granted. Authorizing signature below acknowledges having read all statements above. Participant's signature required, or the signature of a parent or guardian is required for participants under 18 years.

PARTICIPANT SIGNATURE:** _____ **DATE** _____

**Parent/Guardian for anyone 17years of age or younger

| PARTICIPANTS NAME | | BIRTH DATE | EO* | GENDER | COURSE NUMBER | CLASS DESCRIPTION | CLASS FEE |
|-------------------|-------|------------|-----|--------|---------------|-------------------|-----------|
| Last | First | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

*ETHNIC ORIGIN: Information is used for statistical purposes and is not required for participation. A=Asian; B=Black/African American; H=Hispanic; N=Native American; W=Caucasian; O=Other.

Complete the following information if paying by credit card: Type (circle): Visa MasterCard AmExpress

Card Number: _____ Expiration Date: _____

Name as Shown on Card: _____ Signature: _____

Date: _____

How did you hear about our facility or programs?

Drive/walk by Word of Mouth Brochure Parks Website

Other - please explain: _____

You can also find this information on-line at www.seattle.gov/parks