



colleyville parks and recreation
escape • enrich • enjoy

Class Registration Form City of Colleyville Parks and Recreation Department

Primary Contact/Parent: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

E-mail _____ (e-mail is for internal use and will not be sold)

Participant's Name	Date of Birth	Sex	Class Number	Class Title	Dates	Class Fee

Payment by: Cash Check (make checks payable to City of Colleyville)

Driver's License Number (if paying by check): _____ State: _____ Date of Birth: _____

MasterCard Card Number: _____ Exp. Date: _____

I agree to pay the 3.5% convenience fee for using a credit card

Cardholder Name (please print) _____

Cardholder Signature _____

NOTICE: All Registrants Must Sign Waiver

I hereby release, absolve, indemnify and hold harmless the City of Colleyville, the Parks and Recreation Department, its employees, activity officials, supervisors, any or all in the event of any accident, injury or death sustained by the above named participant(s) while being transported to or from an activity, or while participating in any activity, from any liability of any kind whatsoever. All activities involve some physical nature and I understand and assume the risk. In the event of a serious accident or injury, I understand city officials may contact 911, provide and perform first aid, and when necessary, recommend transport to a hospital and reach the parent/guardian as soon as the situation allows. I, the parent or legal guardian of the above named participants, do hereby give my approval for participation in any and all the program activities. I give permission for any photographs taken during these activities to be utilized for promotional uses by the City now and in the future.

Participant/Parent/Legal Guardian

Signature: _____ Date: _____