

GILBERT PARKS & RECREATION DEPARTMENT REGISTRATION FORM ONE PERSON PER FORM

Additional forms at www.gilbertaz.gov/eservices/parks or photocopy this one.



Participant's name Male Female Birth date if under 18 Grade.....
 New Address
 Address City Zip First & last name parent/guardian
 Phone (b) (w) (cell) (e-mail)
 Emergency Contact Phone

CLASS CODE #	NAME OF CLASS/ACTIVITY	DAY	TIME	FEE

PARTICIPANT RESIDENCY
(Please indicate below)

GILBERT RESIDENT

NON-RESIDENT

County/County Island

Other

Credit Card Payment CC# _____

Mastercard Expiration Date _____

Visa Name on Card _____

I agree to the terms and conditions of this agreement and waive all rights to charge back any amount on my card.

Authorized Signature _____

Please make checks payable to:
 "TOWN OF GILBERT"
 Mail to:
 Gilbert Parks & Recreation Department
 ATTN: Registration
 90 E. Civic Center Dr.
 Gilbert, AZ 85296

One payment per family please TOTAL _____

FOR OFFICE USE ONLY

Date rec. _____ Staff _____

Check # _____ \$ _____ Cash \$ _____

Prev. Credit \$ _____ Credit Card \$ _____

Refund | Credit Acct | Credit Card _____

Date Issued _____ By _____

ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS

I allow my child and myself to participate in Gilbert Parks and Recreation programs and activities, including transportation provided, and to use Gilbert recreation facilities including but not limited to any climbing wall or equipment on site. I release the Town of Gilbert and its employees of any liability, claims or demands, which we may have hereafter as a result of my child's and my own participation in programs and activities and use of recreation facilities. I understand that the Town of Gilbert has no medical insurance for my child or me. I understand there are risks involved with physical exertion and use of recreation facilities, including serious injury. I certify that my child's and my own physical condition are satisfactory to participate in programs/activities. I give my consent to the Town of Gilbert to take photos/video of my child and me to be used by the Town of Gilbert for program promotion. I am at least 18 years of age, and verify that all the information provided at registration or on this form is correct. Providing incorrect information including but not limited to date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

Signature Date

REGISTRATION WILL NOT BE PROCESSED WITHOUT SIGNATURE