

PROGRAMS & MEMBERSHIP REGISTRATION FORM

Directions: Please legibly print and complete all required fields of the registration form and include full payment. Make checks payable to the City of Clarksville Parks & Recreation. Incomplete registration forms may delay processing. Completed registration forms and payment should be mailed or delivered to 102 Public Square, Clarksville, TN 37040. Course confirmations/receipts are sent electronically to the provided e-mail account listed on your registration form.

On-line registration is available for many of our programs and courses. Visit www.cityofclarksville.com/parks&rec for more information.

| | | | |
|---|---------|---|--|
| HEAD OF HOUSEHOLD INFORMATION (Please Print) | | 15% Discount : <input type="checkbox"/> Senior <input type="checkbox"/> Military <input type="checkbox"/> City Employee | |
| | | <i>(Pool Passes & Select Community Center Programs)</i> | |
| First Name: | | Last Name: | |
| Date of Birth: | Gender: | Email: | |
| Street Address: | | Zip Code, City, State: | |
| Primary Phone: | | Alt Phone: | |
| EMERGENCY CONTACT (Please Print) | | | |
| Name: | | Phone Number: | |

| PARTICIPANT REGISTRATION INFORMATION (Please Print) | | | | | (Continue on reverse side if necessary.) |
|---|-------------------------------|-------------------------|-----------------------------------|-------------|--|
| Participant's Name | Date of Birth (MM/DD/YYYY) | Gender (Male/Female) | Course Title / Membership Type | Course Code | Fee |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |
| <i>(Please make checks payable to Clarksville Parks & Recreation)</i> | | | | | |

I the undersigned, on behalf of myself (and/or my minor children), hereby agree to indemnify and hold harmless the Clarksville Parks and Recreation Department, City of Clarksville, its appointed or elected officials, employees, agents, and sponsors or representatives from any and all actions, causes of action, or claims of any kind or nature which I or my representatives or assigns may have as a result of participation in any Clarksville Parks and Recreation Department sponsored activities or programs.

I (We) participate in the above activity or program with full knowledge of the physical risks involved. I understand that the Clarksville Parks and Recreation Department recommends and advises that I (we) consult a physician prior to participation if I (we) feel that I (we) have any physical restrictions.

I (We) further understand that I (we) may be photographed or videotaped during participation in this activity, and I (we) hereby release and consent to the reproduction of such photos or videos for advertising and publicity purposes of the Clarksville Parks and Recreation Department and/or the City of Clarksville, its successors and or assigns.

Participant _____ Date _____ Parent / Guardian if participant is under the age of 18 yrs. _____ Date _____

| | | | |
|------------------------|--------------|----------------------|---------------------------|
| OFFICE USE ONLY | | | |
| Date Processed: | Received By: | Amount Processed: \$ | Cash Credit Card Check #: |
| Additional Notes: | | | |

