

Seven Hills Community Recreation Center Activity Registration / Bus Trip Waiver

Registrants Name:			_
Address:			_
Date of Birth:			
Phone: (H) (W)		
Activity Name:			
Date(s) / Time(s):		Cost: \$	
List any medical conditions that ma	ay affect your participatio	n: 	
(It is strongly recommended that all family doctor before enrolling in all Classes may be cancelled if not en SHCRC reserves the right to move o	ny physical activity.) lough registrants are signo class if deemed necessary	ed up. y.	from their
Class instructors that are <i>private</i> co	ontractors are not employ	ees of SHCRC.	
Method of Payment: Cash Card	Check #		Credit
	Waiver and Release		
We understand that the Seven Hills Comr NOT be held responsible for any injuries s en-route to or from the program. We und acknowledge that the above participar participation and that they are in proper participants of programs permit the takin department activities for publication in the center deems necessary. We also agree while attending activities.	suffered during the above prog lerstand that no supplemental int has no known conditions physical condition to pe ag of photos and videos of the le program brochure, website,	ram, on or off the fact I insurance is offered is that would preve rform in the activity. It is and additional uses	cility used or while or available. We nt him/her from Registrants and hildren during the as the recreation
Signature of Participant		Date	
Signature of Parent/Guardian (if participar	nt is under 18)		

Program registration **cannot** be transferred.