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 may affect your participation:

_____

_____

(It is strongly recommended that all registrants receive a full medical checkup from their family doctor before enrolling in any physical activity.)

Classes may be cancelled if not enough registrants are signed up.

SHCRC reserves the right to move class if deemed necessary.

Class instructors that are *private contractors* are not employees of SHCRC.

Method of Payment: _____ Cash _____ Check #_____ _____ Credit Card

Waiver and Release

We understand that the Seven Hills Community Recreation Center, it's employees, volunteers or sponsors will NOT be held responsible for any injuries suffered during the above program, on or off the facility used or while en-route to or from the program. We understand that no supplemental insurance is offered or available. We acknowledge that the above participant has no known conditions that would prevent him/her from participation and that they are in proper physical condition to perform in the activity. Registrants and participants of programs permit the taking of photos and videos of themselves and their children during the department activities for publication in the program brochure, website, and additional uses as the recreation center deems necessary. We also agree to have our family uphold the highest standard of sportsmanship while attending activities.

_____ _____

Signature of Participant Date

Signature of Parent/Guardian (if participant is under 18)

Program registration **cannot** be transferred.