



**Seven Hills Community Recreation Center
Guest Registration**

Guest's Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____

Phone: (H) _____ (W) _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

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)

Guest registration **cannot** be transferred.

**PROOF OF RESIDENCY IS REQUIRED FOR SEVEN HILLS
RESIDENTS IN ORDER TO RECEIVE RESIDENT RATE.**

Residents: \$5 each visit

Non-Residents: \$10 each visit

Staff Initials: _____

ID: _____