

# RECREATION PROGRAM REGISTRATION FORM

PLEASE COMPLETE AND RETURN TO THE RECREATION OFFICE  
14973 JOSHUA STREET - VICTORVILLE, CA 92394

**FAX # 760-951-3804**

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

Check here if your address or phone number has changed from last registration.

Participant's Name	Gender	DOB	Program Code / Program Name	Session / Month	Fee

I, the undersigned, understand the following:

\*I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. \*The City is not responsible for participants' injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). \*The City does not provide participants with medical insurance or treatment for injuries. \*I agree to hold harmless and release the City of Victorville, its officers, agents and employees from any and all liability arising from or related to my participation in City of Victorville program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the City of Victorville or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the City of Victorville. \*I am responsible for any loss, theft or damage or either personal or City equipment, articles and/or facilities while using said equipment, articles and/or facilities. The City of Victorville reserves the right to take appropriate photographs and video images of our programs' participants for advertising, staff training, and archival purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_